

# ADAP Cost Containment Guidance



**AIDS Drug Assistance Program**



*Improving Health... Promoting Wellness*

September, 2011

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Florida ADAP Comprehensive Cost Containment Guidance

*An open letter to People Living with HIV/AIDS, our communities and friends  
from the Florida AIDS Drug Assistance Program (ADAP) Team*

It has been our privilege for almost 20 years to provide high quality service and accessible treatment for qualified individuals living with HIV disease in the state of Florida.

As you are aware, we are facing uncertain economic times which have contributed to a record increase in client enrollment. This along with shortfalls in federal funding and the lingering economic downturn have forced us to take cost containment measures to ensure currently-enrolled clients continue to receive their medications without disruption in medical treatment.

June 1, 2010 the Florida AIDS Drug Assistance Program (ADAP) instituted a waiting list. The purpose of the waiting list is to ensure availability of HIV treatment medications for all ADAP clients currently enrolled. In addition, August 1, 2010 the ADAP formulary was restricted to Antiretroviral (ARV) and Opportunistic Infection (OI) medications.

In our efforts to provide a time-sensitive, solution-based response, we have assembled this Comprehensive Cost Containment Guidance to ensure ADAP staff and community case managers have the necessary tools to assist clients.

The waiting list will apply to ALL NEW APPLICANTS and clients whose case is closed at the time this policy is instituted or anytime thereafter. They will be placed on the waiting list based on a medical priority categorization.

*Please note:* Pregnant women, post partum or adolescent individuals who meet ADAP enrollment criteria and are not eligible for other programs will be removed from the waiting list and enrolled for services. Providers can request a medical review for patient(s) who have an extreme medical condition. Reviews and approval will be done by the Bureau of HIV/AIDS medical staff.

We recognize that maintaining a sustainable drug assistance program is a critical need in our state. The Bureau of HIV/AIDS is currently working with Federal and State government officials as well as statewide community partners to secure additional resources and ensure that any wait time period is as short as possible. Every effort in reducing the impact of any cost containment measures is carefully considered and evaluated to ensure the most effective and proactive response during these challenging times.

There will be no compromise to the quality of treatment our ADAP clients receive. It is our mission to continue providing life-saving medications, disease management training, high quality services and accessible treatment to as many qualified individuals as possible.

Your partnership during this time will help us continue to provide vital services to those whose lives are impacted everyday with HIV/AIDS.

Sincerely,

Bureau of HIV/AIDS,  
AIDS Drug Assistance Program (ADAP)

## ADAP COST CONTAINMENT POLICY & PROCEDURES

**Purpose of this Policy** The purpose of this policy is to provide guidelines and instructions for the current waiting list and resources for acquiring HIV treatment medications. For general ADAP program policy and procedures, please refer to the ADAP Program Policy Manual.

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**Timeframe** This policy is effective **June 1, 2010** until notification by the program that the policy is no longer in effect. This policy will supersede the ADAP Program Policy Manual for any portions that may conflict.

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**Who do we inform?**

- County Health Department Staff & Pharmacists
- HIV/AIDS Program Coordinators (HAPCs)
- Case Managers
- Eligibility Staff
- Medical Providers
- Parts A, C, D, F Representatives
- Surgeon General/Executive Staff
- National Alliance of State & Territorial AIDS Directors (NASTAD)
- Health Resources & Services Administration (HRSA) Project Officer
- AIDS Drug Assistance Program (ADAP) Advisory Workgroup
- People Living With HIV/AIDS (PLWHA)
- Housing Opportunities for Persons with AIDS (HOPWA) Staff
- Allocation Methodology Workgroup
- Consumer Advisory Workgroup
- Aids Insurance Continuation Plan (AICP)
- CARE Network
- Agency for Health Care Administration (AHCA) / Medicaid
- Lead Agencies
- Discharge Planners -Hospital, Jail & Prison

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**Fiscal planning** To ensure the program's expenditures do not exceed the program's budget, the department will analyze the latest projections for the upcoming year; including the average cost per recipient and the projected number of recipients the program will be able to serve using current budget figures.

## ADAP Cost Containment Policy & Procedures

The program will perform an analysis of program expenditures every quarter to determine if funds are sufficient to meet projected expenditures.

The department may implement the following temporary cost-containment measures as necessary:

- Initiate medical criteria to meet at minimum the most recent federal Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in HIV -Infected Adults and Adolescents, which can be found at <http://aidsinfo.nih.gov/>
- Lower the financial eligibility criteria to a level that is not lower than 125% of federal poverty level.
- Cease enrollment of new applicants.

As funds become available, the department will rescind the cost-containment measures in the reverse order of which they are implemented.

Cost-Containment measures, if implemented, will be applied to all new applicants to the program.

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### Waiting List Policy

All new applicants will be placed on the waiting list.

Clients who do not pick up their medications timely, per program policy, and whose record is closed by an ADAP staff or by the program's automatic closure feature will have to reapply and will be considered new applicants.

- Applicants placed on the waiting list must keep their enrollment current by recertifying every 6 months to prevent closure from the waiting list.
- Applicants whose records are closed will need to reapply for ADAP services to be placed back on the waiting list. Updated documentation must be provided, as appropriate.

## ADAP Cost Containment Policy & Procedures

### Placing Applicants on the Waiting List

To be placed on the ADAP waiting list:

1. Applicants must provide all required documentation for enrollment in ADAP in person.
2. Once the documentation has been received, ADAP will enter the information into the ADAP database and will provide the applicant with a completed *waiting list notification (Attachment I)*. Store copy in the applicant's file.
3. ADAP staff will enter the medical priority categorization in the database as selected by the client's provider or assign a medical priority categorization based on lab values. Applicants will be placed on the waiting list according to the medical priority categorization.

Please see **Attachment II** for Waiting List Placement Process Map

### Re-Certifying Applicants on the Waiting List

Applicants placed on the waiting list must keep their enrollment current by recertifying every 6 months.

To keep enrollment current on the ADAP waiting list:

1. Applicants must provide all required documentation for enrollment to the ADAP Office in person.
  2. Once the documentation has been received, staff will enter the information into the ADAP database and will provide the applicant with a completed *waiting list notification (Attachment I)*. Place a copy in the applicant's file.
  3. ADAP staff will update, if needed, the medical priority categorization in the database as selected by the client's provider or assign a medical priority categorization based on lab values.
- 

### Waiting List Management

The statewide waiting list will be managed by the ADAP database as follows:

1. Upon receipt of an application, an applicant will be placed on the waiting list based on their medical priority categorization.
  2. As funding becomes available, applicants will be enrolled in ADAP based on the highest priority category on the waiting list or as required by federal authorities or the state legislature.
  3. The ADAP Program Office will notify ADAP staff of applicant(s) in their county who are eligible to be enrolled in the program.
  4. ADAP staff must follow the instructions provided under **“Notifying & Enrolling Applicants from the waiting list into ADAP.”**
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## ADAP Cost Containment Policy & Procedures

### Waiting List Exceptions

Persons who meet the following exception criteria will be enrolled for services after documentation is received and reviewed by the Bureau's Medical Team (See section titled: **Required Documentation For Exceptions**)

1. Pregnant Women who meet all ADAP enrollment criteria and are not eligible for other programs.
  2. Pediatric or Adolescent persons (age 18 and under) who meet all other ADAP enrollment criteria and are not eligible for other programs.
  3. Post Partum Women (gave birth within 180 days of application) needing to continue ARV medication with medical staff approval.
  4. Other Extreme Medical Conditions.
- 

### How to Request an Exception

To request a Medical Exception:

1. Select the appropriate exception category in the *Exceptions* section of the *Edit Waiting List - Medical Categorization / Exception page* of the ADAP database.
  2. Forward completed, required documentation (See section titled: **Required Documentation For Exceptions**) to HQ ADAP Staff:
    - a. Via fax to (850) 414-6719, OR
    - b. Via secured folders:
      - i. Scan all documents,
      - ii. Save as a pdf file,
      - iii. Place in the Medical Exceptions Request folder.
    - c. Notify ADAP Program Office Staff once the file has been placed in the secured folder.
  3. The Medical Team in the Bureau of HIV/AIDS will review the documentation and make a determination for exception.
  4. HQ ADAP Staff will submit the medical team's response through the database.
  5. Local ADAP staff will place the completed documentation in the client's ADAP file.
-

**Required  
Documentation  
For Exceptions**

**Documentation for Pregnancy**

1. Pregnancy Confirmation
2. Documentation of Medicaid Ineligibility
3. Medical Exception Request Form (***Attachment III***)
4. Medical Categorization Form (***Attachment IV***)
5. Waiting List Notification Form (***Attachment I***)
6. Notice of Eligibility
7. Copy of Prescriptions
8. Copy of Most Current Lab Results including CD4 & Viral Load

**Documentation for Adolescent / Pediatric**

1. Proof of age
2. Written statement of why patient is not under the care of Children's Medical Services or Medicaid.
3. Medical Exception Request Form (***Attachment III***)
4. Medical Categorization Form (***Attachment IV***)
5. Waiting List Notification Form (***Attachment I***)
6. Notice of Eligibility
7. Copy of Prescriptions
8. Copy of Most Current Lab Results including CD4 & Viral Load

**Documentation for Post Partum**

1. Date of Delivery
2. Documentation of Medicaid Ineligibility
3. Notice of Eligibility
4. Medical Exception Request Form (***Attachment III***)
5. Medical Categorization Form (***Attachment IV***)
6. Copy of Prescriptions
7. Copy of Most Current Lab Results including CD4 & Viral Load

**Documentation for Extreme Medical Condition**

1. Medical Exception Request Form (***Attachment III***)
  2. Medical Categorization Form (***Attachment IV***)
  3. Waiting List Notification Form (***Attachment I***)
  4. Notice of Eligibility
  5. Copy of Prescriptions
  6. Copy of Most Current Lab Results including CD4 & Viral Load
-

## ADAP Cost Containment Policy & Procedures

### Medical Categorization

Applicants will be placed on the ADAP waiting list in the following order:

#### Category A:

- Diagnosis of AIDS and/or CD4 < 200 cells/mm<sup>3</sup>.
- Diagnosis of active opportunistic infection.
- Diagnosis of HIV-associated nephropathy (HIVAN).

#### Category B:

- Persons who are currently on ARV therapy.
- Persons who were previously on ARV therapy but therapy was interrupted.
- Treatment naïve applicants with CD4 cell count between 201-350 cells/mm<sup>3</sup>.

#### Category C:

- Treatment naïve applicants with CD4 cell count > 351 cells/mm<sup>3</sup>.Diagnosis of AIDS and/or CD4 < 200 cells/mm<sup>3</sup>.
- 

### Entering Medical Categorization in the Database

1. Enter the appropriate diagnosis from the Medical Categorization Form (Attachment IV), provided by the applicant in the ADAP database. (The Medical Categorization Form will be shared broadly to include medical providers, case managers, community-based organizations, and AIDS service organizations. The form will also be made available on the internet and DOH intranet)
  2. If the applicant does not have the form signed by the provider or designated clinician, select a diagnosis based on the information provided by the applicant.
- 

### Notifying and Enrolling Applicants from the Waiting List into ADAP

1. An ADAP staff must contact the selected applicants within 9 calendar days of receiving notice from the ADAP Program Office.
  - a. Applicants must be informed that (1) they have been identified for enrollment, and (2) they are required to provide updated documentation to complete enrollment in the program.
  - b. Applicants who decline enrollment into the program will be removed from the waiting list.

## ADAP Cost Containment Policy & Procedures

- c. If an applicant cannot be reached or you do not receive a response after leaving messages with-in the 9-day period, the ADAP database will assign a non-response status and the applicant's record will be closed. At such time, the applicant will no longer be on the waiting list. If an applicant desires to be placed back on the waiting list, he/she must re-apply and provide documentation, as appropriate.
    - d. Once a non-response is recorded, the ADAP Program Office will select the next applicant from the statewide waiting list and inform the respective county.
  2. Once the applicant has been contacted, enrollment must be completed within 14 calendar days from the initial contact.
    - a. ADAP staff must verify that the applicant still meets all enrollment qualifications. Verification must include, but not limited to, the following documentation:
      - i. Current HIV/AIDS Patient Care Notice of Eligibility, if not on file.
      - ii. CD4 and HIV viral load lab results less than 6 months old.
      - iii. A valid prescription for at least one ARV medication on the reduced ADAP formulary.
      - iv. If requesting an insurance waiver, provide supporting documentation.
    - b. If the applicant fails to provide information within 14 calendar days from the initial contact, the ADAP Program Office will close the applicant's record, select the next applicant from the statewide waiting list and inform the respective county.
  3. Prior to dispensing medications, ensure that the applicant does not have remaining medications from a Patient Assistance Program or other medication source. If the client has remaining medications, dispense after the client's current PAP supply has been utilized.

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### How to Enroll an Applicant in the ADAP Database

#### ***Once the applicant is contacted:***

1. In database select [Admin](#) link in left-hand navigation menu.
2. Select [WLCClientReview](#) link.
3. Click the [Submit](#) button (your county will be selected by default).

## ADAP Cost Containment Policy & Procedures

4. *From the list of applicants, enter applicant's SSN in the SSN box in the upper right side of screen.*
5. Select Submit button.
6. Click on the Change button to update information.
7. Under "Is Client Informed?" Select Yes or No.
  - a. If yes, applicant has 14 days to enroll.
  - b. If no, provide an explanation as to why the applicant was not informed. The ADAP database will assign a non-response status and the applicant's record will be closed. At such time, the applicant will no longer be on the waiting list. If an applicant desires to be placed back on the waiting list, he/she must re-apply and provide documentation, as appropriate.
8. Click on the Save button to complete client notification process.

### ***Once the applicant comes in for the scheduled appointment:***

1. In database select Admin link in left-hand navigation menu.
  2. Select WLClienstReview link.
  3. Click the Submit button. (your county will be selected by default).
  4. For each applicant, select the Change button.
  5. Under "Is verification of core eligibility/program requirements complete?" Select Yes or No.
    - a. If yes, applicant is enrolled, removed from the waiting list and applicant's record automatically changes to "Open" status. Registration date will start at this point.
    - b. If no, applicant's record is closed. At such time, the applicant will no longer be on the waiting list. If an applicant desires to be placed back on the waiting list, he/she must re-apply and provide documentation, as appropriate.
  6. Click on the Save button to complete client update process.
- 

### **Reduced Formulary**

The ADAP formulary is restricted to Antiretroviral (ARV) and Opportunistic Infection (OI) medications, as of 8/01/2010.

Please see **ATTACHMENT V** for the ADAP Reduced Formulary.

## ADAP Cost Containment Policy & Procedures

<b>Late Pickup of Medications</b>	Clients are required to pick up medications on time every month in order to remain enrolled in the program. Clients who fail to pick up medications within 60 calendar days of their previous medication pickup will be closed to the program and will be considered a new applicant.
<b>ARV Medication Qualification Requirements</b>	All applicants must have a prescription for at least one (1) Antiretroviral (ARV) medication on the ADAP formulary to enroll in the program.
<b>Changes to Medicare Part D Waiver Qualifications</b>	Medicare clients seeking ADAP services must apply for Medicare Part D. Clients will be served by the contracted Pharmacy Benefits Manager (PBM) for the ADAP program to coordinate Medicare Part D benefits and facilitate TrOOP.
<b>Changes to CD4 and HIV Viral Load Tests</b>	ADAP clients are permitted up to <b>two (2) HIV Viral Load</b> laboratory tests and <b>two (2) CD4/CD8</b> laboratory tests a year through the DOH Bureau of Statewide Laboratories (Statewide Lab).
<b>Changes to Tropism Testing</b>	As of July 1, 2011, Trofile™ Tropism Assay lab test is not available through ADAP. For more information, refer clients to their medical provider to ask about the Trofile™ Access Program (TAP).
<b>Changes to HIV Resistance Testing for ADAP Clients</b>	ADAP Clients are permitted up to <b>one (1) HIV-1 Genotype Resistance</b> laboratory tests through the Statewide Lab if the client: <ol style="list-style-type: none"><li>1. Is currently listed as “Open” in the ADAP database.</li><li>2. Has no insurance.</li><li>3. Has no other funding available to pay for laboratory testing.</li></ol>
<b>PAPs and Other Alternative Sources</b>	Once an applicant is screened for ADAP eligibility and added to the waiting list, ADAP and/or case management staff should work with the applicant to identify other resources that may be available while he/she is on the waiting list or waiting for a medical exception review. Information on

## ADAP Cost Containment Policy & Procedures

several Patient Assistance Programs (PAPs) has been included within this guidance. ADAP staff should review the information with each applicant and assist with enrollment, as appropriate.

Please see **ATTACHMENT VI** for information regarding alternative Medication Assistance Programs.

### Hepatitis-C Program Suspension

New enrollment into the Hepatitis C Program is currently suspended. Clients who are currently receiving Hepatitis C treatment through ADAP will be allowed to continue their current treatment.

Please see **ATTACHMENT VI h** for a list of patient assistance programs for Hepatitis medications.

### Dispensing of Medications to Clients in Jail

Incarcerated clients may receive one 30 day fill for medications while in jail if:

1. The facility cannot immediately provide medications.
2. The client was enrolled in ADAP at the time of incarceration.
3. The client has a valid “refillable” prescription in the database at the time of incarceration.
4. At the time of incarceration, no more than 14 days has passed since their last pick up. *Clients that have been off medications for more than 14 days require Provider approval prior to restarting medications. See Section VI, Failure to Pick Up Medications On Time.*
5. The client has designated someone to pick up a 30-day supply of medications on his/her behalf. **See Section VI, Medication Pick-Ups by Persons Other Than Client.**

***When necessary, coordinate with the client’s case manager and/or jail medical staff to reduce the possibility of treatment interruption.***

If there are concerns, ADAP staff may contact a jail linkage coordinator where available or headquarters jail linkage staff.

Please see

[http://www.preventhivflorida.org/Corrections/DOH\\_Corrections\\_Programs.htm](http://www.preventhivflorida.org/Corrections/DOH_Corrections_Programs.htm)



## Waiting List Frequently Asked Questions

### **Why was the waiting list instituted?**

Due to the current economic crisis, ADAPs nation-wide have been impacted severely. With a record increase in client enrollment along with shortfalls in federal funding and the closure of other assistance programs, we have had to implement cost containment measures that ensure enrolled clients continue to receive medications without interruption in treatment.

### **Who does the waiting list apply to?**

The waiting list will apply to all new applicants and clients whose records are in closed status at the time this policy is instituted. Clients who have not picked up their medications within 60 days or re-enroll within 60 days of their re-enrollment due date will be auto-closed to the program and will need to reapply and be considered a new applicant.

### **Are there any exceptions?**

Yes, pregnant women, post-partum, pediatric or adolescent individuals who meet all other ADAP enrollment, exception criteria and are not eligible for other programs will be removed from the waiting list and enrolled for services.

### **What if my case is an emergency?**

There are other cases where exceptions will be granted for patient(s) who have extreme medical conditions. A medical exception form will need to be completed by your medical provider. The Bureau of HIV/AIDS Medical Section will review the form and provide a response within 5-7 business days to determine eligibility.

### **How long will I have to wait before being accepted into the program?**

The Bureau of HIV/AIDS is currently working with federal and state government officials as well as statewide community partners to secure additional resources.

### **How will I be notified?**

ADAP staff will notify you when you are able to enroll into the program. Please make sure all of your contact information is up-to-date so we will be able to contact you in a timely manner.

### **Are there any other requirements?**

Applicants placed on the waiting list must keep their enrollment current by recertifying every 6 months. To keep enrollment current on the ADAP waiting list, applicants must provide all required documentation for enrollment to the ADAP Office in person.

### **What other resources are available?**

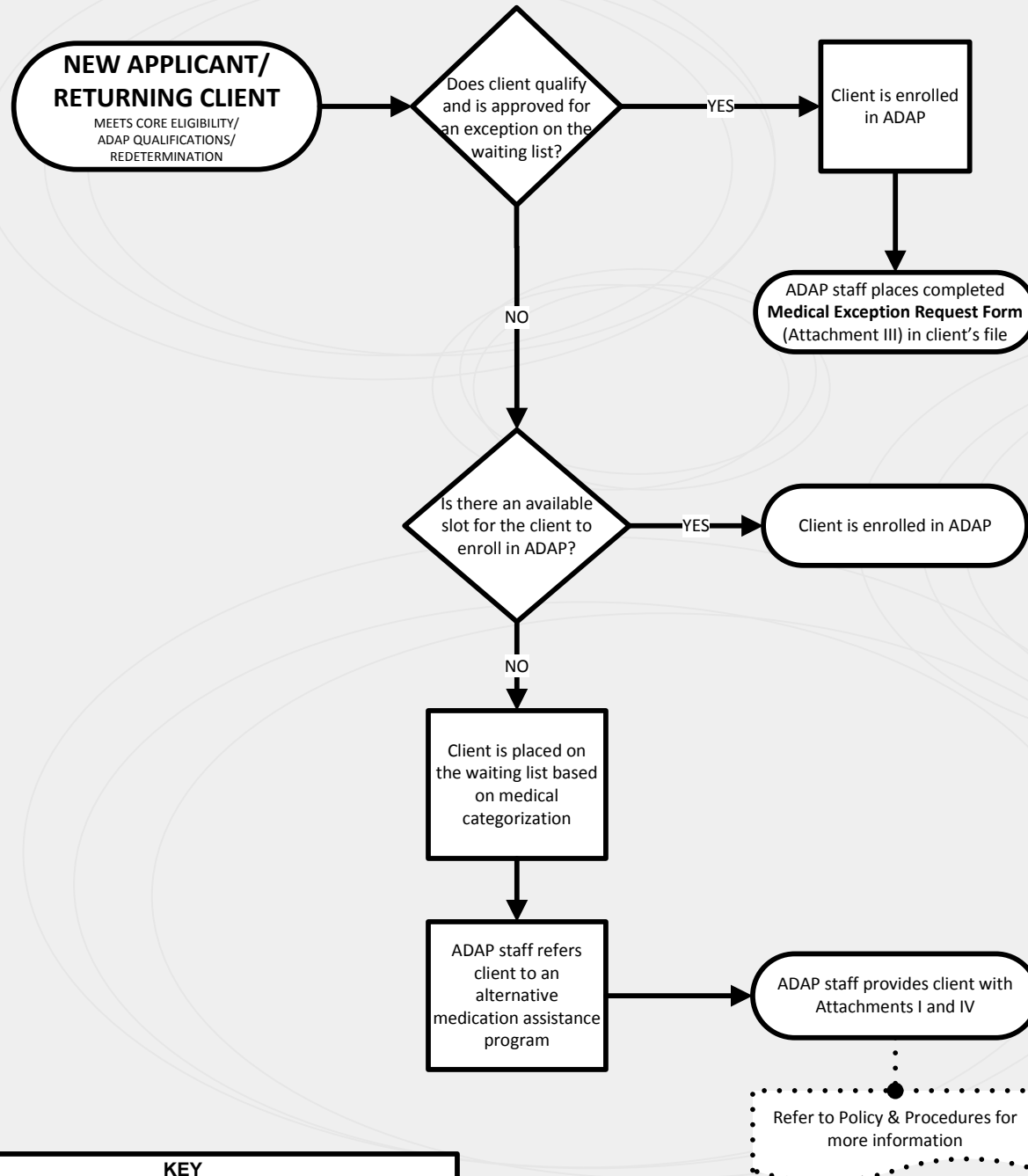
Patient Assistance Programs (PAPs) are services offered by pharmaceutical companies for those who cannot afford their medication. You can get a listing from your case manager or the ADAP staff.

### **If you need more information:**

Please contact your local county health department and ask to speak with an ADAP representative or your case manager.

*The Florida AIDS Drug Assistance Program (ADAP) provides life-saving medications under the Ryan White CARE Act to people living with HIV/AIDS who are uninsured or under-insured. For more information visit the ADAP website at [www.floridaADAP.org](http://www.floridaADAP.org).*

**WAITING LIST PLACEMENT  
PROCESS MAP OVERVIEW**



**WAITING LIST MEDICAL  
EXCEPTIONS/CATEGORIZATION**

**Exceptions**

- \* Pregnant women who meet all other ADAP enrollment criteria and are not eligible for other programs.
- \* Pediatric or Adolescent persons who meet all other ADAP enrollment criteria and are not eligible for other programs.
- \* Post partum women (birth within 180 days) needing to continue ARV medication with medical staff approval
- \* Other extreme medical conditions with medical staff approval

**Category A**

- \* Diagnosis of AIDS and/or CD4 < 200 cells/mm3
- \* Diagnosis of active opportunistic infection
- \* Diagnosis of HIV-associated nephropathy (HIVAN)

**Category B**

- \* Persons who are currently on ARV therapy
- \* Persons who were previously on ARV therapy but therapy was interrupted
- \* Treatment naïve clients with CD4 cell count between 201 – 350 cells/mm3

**Category C**

- \* Treatment naïve clients with CD4 cell > 351 cells/mm3

**Alternative Medication Assistance Programs include:**

- \* Patient Assistance Programs (PAPs)
- \* Co-payment Assistance Programs
- \* Prescription Drug Savings/Discount Drug Cards
- \* Low-Cost Retail Prescription Programs
- \* Health Insurance Assistance Programs
  - \* Cover Florida
  - \* COBRA
- \* Other available resources from local service providers such as Ryan White Part B consortium, Ryan White Part A pharmacies, community-based organizations or local indigent hospital programs, where applicable. For more information, contact your CHD HIV/AIDS Program Coordinator (HAPC).



# ADAP Waiting List Medical Exception Request Form

CLIENT NAME	DATE OF BIRTH	SSN	DATE

**PART I**

NOTE: All patients on the ADAP Waiting List must apply for Patient Assistance Programs (PAP) through Welvista or the pharmaceutical companies for medications. **Do not wait on a response to a Medical Exception Request; begin the PAP process immediately.**

PATIENT ASSISTANCE PROGRAM(S) APPLICATIONS WERE SUBMITTED FOR THIS PATIENT ON \_\_\_\_.

Medication is  OR is not  available from local resources or from other Ryan White Funds to fill the gap until PAP medication is available. As of the date of this application, patient has \_\_\_\_ days of medication available.

\_\_\_\_\_  
**PRINT Case Manager/Contact Name**

\_\_\_\_\_  
**Area Code and Number**

\_\_\_\_\_  
**Date**

Failure to complete the above requested information legibly will result in your patient being placed on the waiting list.

Most Recent CD4 Cell Count	
Date	CD4 Count

Most Recent Viral Load	
Date	Viral Load

**PART II – MEDICALLY URGENT**

**REQUIRED - If patient cannot wait for PAP medications, provide explanation below.**

PAP medication is usually available in less than 7-10 days. This form is to be used **only** if you cannot access medication during that interval from other local sources **OR**, if in your opinion, the patient is not capable of managing the PAP process. Write a detailed explanation for the medical exception in the space provided below. Failure to complete all parts of this section **legibly** will result in your patient being placed on the waiting list.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**PRINT Clinician/Designee Name**

\_\_\_\_\_  
**Clinician/Designee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CHD/Office Name**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**CHD/Office Address**

\_\_\_\_\_  
**Clinician Contact Number**

**PART III – MEDICAL TEAM APPROVAL**

APPROVED       REMAIN ON WAIT LIST

Comments: \_\_\_\_\_

\_\_\_\_\_  
**Medical Team Staff Name**

\_\_\_\_\_  
**Medical Team Signature**

\_\_\_\_\_  
**Date**

FAX Medical Exception Request Form and other required documentation to: 850-414-6719



# ADAP Waiting List Medical Categorization Form

CLIENT NAME	DATE OF BIRTH	SSN	DATE

**This form must be completed by a medical provider, clinician, or designated clinical staff member.**

## PART I – PRIORITIZATION CATEGORY

### CATEGORY A

- Diagnosis of AIDS and/or CD4 < 200 cells/mm<sup>3</sup> and/or CD4% < 14%
- Diagnosis of active opportunistic infection
- Diagnosis of HIV-associated nephropathy (HIVAN)

**OR**

### CATEGORY B

- Persons who are currently on ARV therapy
- Persons who were previously on ARV therapy but therapy was interrupted
- Treatment naïve clients with CD4 cell count between 201-350 cells/ mm<sup>3</sup>

**OR**

### CATEGORY C

- Treatment naïve clients with CD4 cell count > 350 cells/mm<sup>3</sup>

## PART II – CLINICIAN SIGNATURE

By signing below, I agree that the information provided in this form is accurate to the best of my knowledge.

<b>PRINT Clinician/Designee Name</b>	<b>Clinician/Designee Signature</b>	<b>Date</b>
<b>CHD/Office Name</b>	<b>County</b>	<b>Clinician Contact Number</b>



# REDUCED FORMULARY

## ANTIRETROVIRALS (ARV's)

APTIVUS (Tipranavir)  
ATRIPLA (Tenofovir/Emtricitabine/  
Efavirenz)  
COMBIVIR (Zidovudine/Lamivudine)  
CRIXIVAN (Indinavir)  
EDURANT (Rilpivirine)  
EMTRIVA (Emtricitabine)  
EPIVIR (Lamivudine)  
EPZICOM (Abacavir/Lamivudine)  
FUZEON (Enfuvirtide)   
INTELENCE (Etravirine)  
INVIRASE (Saquinavir)  
ISENTRESS (Raltegravir)  
KALETRA (Lopinavir/Ritonavir)  
LEXIVA (Fosamprenavir)  
NORVIR (Ritonavir)  
PREZISTA (Darunavir)  
RESCRIPTOR (Delavirdine)  
RETROVIR (Zidovudine)  
REYATAZ (Atazanavir)  
SELZENTRY (Maraviroc)   
SUSTIVA (Efavirenz)  
TRIZIVIR (Abacavir/Lamivudine/  
Zidovudine)  
TRUVADA (Tenofovir/Emtricitabine)  
VIDEX (Didanosine)  
VIRACEPT (Nelfinavir)  
VIRAMUNE (Nevirapine)  
VIREAD (Tenofovir)  
ZERIT (Stavudine)  
ZIAGEN (Abacavir)

## OPPORTUNISTIC INFECTION (OIs)

BACTRIM DS (TMP/SMZ DS)  
BIAXIN (Clarithromycin)  
DARAPRIM (Pyrimethamine)  
DAPSONE (Diamino-diphenyl Sulfone)  
DIFLUCAN (Fluconazole)  
LEUCOVORIN (Folinic Acid)  
MEPRON (Atovaquone)  
MONISTAT (Miconazole)  
MYAMBUTOL (Ethambutol)  
MYCELEX TROCHE (Clotrimazole)  
MYCOBUTIN (Rifabutin)  
NIZORAL (Ketoconazole)  
SPORANOX (Itraconazole)  
SULFADIAZINE  
TERAZOL (Terconazole)  
VALCYTE (Valganciclovir Hcl)  
VALTRESX (Valacyclovir)  
ZITHROMAX (Azithromycin)  
ZOVIRAX (Acyclovir)

Note to providers: For eligible ADAP clients who need to receive Hepatitis C treatment, please call Makeshia Barnes in the ADAP office at 850-245-4444, ext. 2549.

# PATIENT ASSISTANCE PROGRAMS

## General Access PAP Services

These websites are not endorsed by pharmaceutical manufacturers.  
Please refer to manufacturers' PAPs website for further information.

- **Pparx.org** 1.888.477.2669
- **Rxhope.com** 1.877.267.0517
- **Togetherrxaccess.com** 1.800.444.4106
- **Positivelyaware.com** 1.800.822.7422
- **Rxassist.org**
- **Patientassistance.com**
- **Needymeds.org**
- **Welvista.org** 1.800.763.0059 ext 100

# PATIENT ASSISTANCE PROGRAM **FORMULARY** <sup>(1)</sup>

## Agenerase (Amprenavir)

[www.patientassistance.com](http://www.patientassistance.com)

Fax: 1.225.273.2652

## Diflucan (Fluconazole)

Pfizer [www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com)

Phone: 1.866.706.2400

## Hydrea (Hydroxyurea)

[www.rxoutreach.org](http://www.rxoutreach.org)

Phone: 1.800.769.3880

## Androgel (Testosterone)

Abbott Laboratories

Phone: 1.800.222.6885 option 2 | Fax: 1.866.898.1473

## Edurant (Rilpivirine)

Johnson & Johnson Patient Assistance Foundation

Phone: 1.800.652.6227 | Fax: 1.888.526.5168

## Intelence (Etravirine)

Johnson & Johnson Patient Assistance Foundation

Phone: 1.800.652.6227 | Fax: 1.888.526.5168

## Aptivus (Tipranavir)

Boehringer Ingelheim

Phone: 1.800.556.8317 | Fax: 1.866.851.2827

## Emtriva (Emtricitabine)

Gilead Sciences

Phone: 1.866.226.2056 | Fax: 1.866.216.6857

## Invirase (Saquinavir)

ROCHE Patient Assistance Foundation

Phone: 1.877.757.6243 | Fax: 1.800.305.1830

## Atripla (Efavirenz, Emtricitabine, Tenofovir)

Gilead Sciences

Phone: 1.866.290.4767 | Fax: 1.866.216.6857

## Epivir (Lamivudine)

GlaxoSmithKline [www.bridgestoaccess.com](http://www.bridgestoaccess.com)

Phone: 1.866.728.4368

## Isentress (Raltegravir)

Merck & Company [www.welvista.org](http://www.welvista.org)

Phone: 1.800.850.3430 | Fax: 1.866.410.1913

## Biaxin (Clarithromycin)

Abbott laboratories

Phone: 1.800.222.6885 option 2 | Fax: 1.866.898.1473

## Epzicom (Abacavir, Lamivudine)

GlaxoSmithKline [www.bridgestoaccess.com](http://www.bridgestoaccess.com)

Phone: 1.866.728.4368

## Kaletra (Lopinavir / Ritonavir)

Abbott Laboratories [www.welvista.org](http://www.welvista.org)

Phone: 1.800.222.6885 option 2 | Fax: 1.866.898.1473

## Combivir (Zidovudine, Lamivudine)

GlaxoSmithKline [www.bridgestoaccess.com](http://www.bridgestoaccess.com)

Phone: 1.866.728.4368

## Epogen (See Procrit)

Johnson & Johnson Patient Assistance Foundation,  
Inc. [www.jjpaf.org](http://www.jjpaf.org)

Phone: 1.800.652.6227 | Fax: 1.888.526.5168

## Lexiva (Fosamprenavir)

GlaxoSmithKline [www.bridgestoaccess.com](http://www.bridgestoaccess.com)

Phone: 1.866.728.4368

## Crixivan (Indinavir)

Merck & Company [www.welvista.org](http://www.welvista.org)

Phone: 1.800.850.3430 | Fax: 1.866.410.1913

## Fuzeon (Enfuvirtide)

ROCHE Patient Assistance Foundation

Phone: 1.877.757.6243 | Fax: 1.800.305.1830

## Maraviroc (Selzentry)

GlaxoSmithKline [www.bridgestoaccess.com](http://www.bridgestoaccess.com)

Phone: 1.866.728.4368

## Daraprim (Pyrimethamine)

GlaxoSmithKline [www.bridgestoaccess.com](http://www.bridgestoaccess.com)

Phone: 1.866.728.4368

## Geodon (Ziprasidone HCL)

Pfizer [www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com)

Phone: 1.866.706.2400

## Megace (Megestrol)

Rxhope.com Megace ES Patient Assistance Program

Phone : 800.589.0841 | Fax: 513.618.0058

## Depakote (Divalproex Sodium)

Abbott laboratories

Phone: 1.800.222.6885 option 2 | Fax: 1.866.898.1473

## Hepsera (Adefovir)

Gilead Sciences

Phone: 1.800.226.2056 | Fax: 1.866.216.6857

## Mepron (Atovaquone)

GlaxoSmithKline [www.bridgestoaccess.com](http://www.bridgestoaccess.com)

Phone: 1.866.728.4368

# PATIENT ASSISTANCE PROGRAM **FORMULARY** <sup>(2)</sup>

## Neupogen (Filgrastim)

Amgen Reimbursement Connection-Safety Net Foundation  
Phone: 1.800.272.9376 option 1 | Fax: 1.866.549.7239

## Sporanox (Itraconazole)

Johnson & Johnson Patient Assistance Foundation  
Phone: 1.800.652.6227 | Fax: 1.888.526.5168

## Ziagen (Abacavir)

GlaxoSmithKline [www.bridgestoaccess.com](http://www.bridgestoaccess.com)  
Phone: 1.866.728.4368

## Neurontin (Gabapentin)

Pfizer [www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com)  
Phone: 1.866.706.2400

## Sustiva (Efavirenz)

Bristol-Meyers Squibb  
Phone: 1.800.861.0048 | Fax: 1.866.776.2370

## Zithromax (Azithromycin)

Pfizer [www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com)  
Phone: 1.866.706.2400

## Norvir (Ritonavir)

Abbott Laboratories [www.welvista.org](http://www.welvista.org)  
Phone: 1.800.222.6885 option 2 | Fax: 1.866.898.1473

## Trizivir (Abacavir, Lamivudine, Zidovudine)

GlaxoSmithKline [www.bridgestoaccess.com](http://www.bridgestoaccess.com)  
Phone: 1.866.728.4368

## Zoloft (Sertraline)

Pfizer [www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com)  
Phone: 1.866.706.2400

## Prezista (Darunavir)

Johnson & Johnson Patient Assistance Foundation  
Phone: 1.800.652.6227 | Fax: 1.888.526.516

## Truvada (Tenofovir/Emtricitabine)

Gilead Sciences  
Phone: 1.800.226.2056 | Fax: 1.866.216.6857

## Zovirax (Acyclovir)

GlaxoSmithKline [www.bridgestoaccess.com](http://www.bridgestoaccess.com)  
Phone: 1.866.728.4368

## Procrit (Epoetin Alfa)

Johnson & Johnson Patient Assistance Foundation, Inc.  
[www.jjpaf.org](http://www.jjpaf.org)  
Phone: 1.800.652.6227 | Fax: 1.888.526.5168

## Viracept (Nelfinavir)

GlaxoSmithKline [www.bridgestoaccess.com](http://www.bridgestoaccess.com)  
Phone: 1.866.728.4368

## Rescriptor (Delavirdine)

GlaxoSmithKline [www.bridgestoaccess.com](http://www.bridgestoaccess.com)  
Phone: 1.866.728.4368

## Viramune (Nevirapine)

Boehringer Ingelheim  
Phone: 1.800.556.8317 | Fax: 1.866.851.2827

## Retrovir (Zidovudine)

GlaxoSmithKline [www.bridgestoaccess.com](http://www.bridgestoaccess.com)  
Phone: 1.866.728.4368

## Viread (Tenofovir)

Gilead Sciences  
Phone: 1.800.226.2056 | Fax: 1.866.216.6857

## Reyataz (Atazanavir)

Bristol-Meyers Squibb  
Phone: 1.800.861.0048 | Fax: 1.866.776.2370

## Wellbutrin (Bupropion)

GlaxoSmithKline [www.bridgestoaccess.com](http://www.bridgestoaccess.com)  
Phone: 1.866.728.4368

## Selzentry (Maraviroc)

ViiV Healthcare  
Phone: 1.877.784.4842 | Fax: 1.877.784.4004

## Zerit (Stavudine)

[www.rxoutreach.org](http://www.rxoutreach.org)  
Phone: 1.800.769.3880

**Note:** This is a summary of evolving programs. Always check for up-to-the-minute eligibility and contact information. Some programs are explicit elastic; others have demonstrated flexibility under certain circumstances. Experienced advocates recommend that you form relationships with program representatives, ask about exceptions, and always appeal denials.

# PATIENT ASSISTANCE PROGRAM LIST Attachment VI c

PHARMACEUTICAL COMPANY	PHONE NUMBER	DRUGS COVERED	REQUIREMENTS
<b>Abbott Laboratories</b>  <a href="http://www.abbottpatientassistancefoundation.org">www.abbottpatientassistancefoundation.org</a>	<b>PH:</b> 1.800.222.6885  <b>FX:</b> 1.866.898.1473	<ul style="list-style-type: none"> <li>• <b>Androgel Gel (Testosterone)</b></li> <li>• <b>Depakote (Divalproex Sodium)</b></li> <li>• <b>Kaletra (Lopinavir)</b></li> <li>• <b>Norvir (Ritonavir)</b></li> </ul>	<p><i>Abbott Laboratories joined Welvista with access to Norvir and Kaletra. For more information, please <a href="#">click here</a>.</i></p> <p>INCOME LIMIT: Applications are reviewed on a case-by-case basis. There is no income requirement for Norvir.</p> <ul style="list-style-type: none"> <li>• Application can be copied. Application may be faxed. Care Coordinators should be listed as an advocate for patient.</li> <li>• No prescription needed. However, information on prescription out-of-pocket and/or medical cost must be provided if patient has insurance.</li> <li>• A three-month supply of medication will be sent to the doctor's office in about two weeks. The physician needs to call for refills three weeks before medication runs out.</li> <li>• <b>After one year, patient must completely reapply.</b></li> </ul> <p><i>For applicants having difficulty with accessing Androgel, Testim PAP may be an option. Please consult with the applicant's medical provider for appropriate drug regimen. Testim PAP is at or below 250% of the FPL, although the application also states that a client can apply for a "Hardship Exception Request" if they exceed the income limit. <a href="#">Click here</a> to download the application.</i></p>
<b>Amgen Reimbursement Connection-Safety Net Foundation</b> <a href="http://www.safetynetfoundation.com">www.safetynetfoundation.com</a>  <b>LIST OF "SPECIALTY" PHARMACIES REGISTERED WITH THE SAFETY NET FOUNDATION IN FLORIDA:</b>  Pharmacy Administrative Solutions (PAS), Tampa, FL 813-935-7600 Bay Medical Center Pharmacy, Panama City, FL 850-747-6018 Walgreens Pharmacy, Port Saint Lucie, FL 772-335-4200 Walgreens Pharmacy, Fort Myers, FL 239-939-2142 Skymed Pharmacy, Pompano Beach, FL 954-944-9084 South Seminole Medical Center (Indigent Patient Services IPS), Longwood, FL 727-521-2646 Walgreens Pharmacy #13451, Palm Beach Gardens, FL 561-493-8840 Lower Keys Medical Center Pharmacy, Key West, FL 305-294-5531 Florida Hospital Winter Park Pharmacy, Winter Park, FL 407-303-0031 Shands Jacksonville Medical Center Pharmacy, Jacksonville, FL 904-244-7080 U.S. Specialty Care, Centennial, CO 800-641-8475 or 720-895-3120	<b>PH:</b> 1.888.762.6436  <b>FX:</b> 1.866.549.7239	<ul style="list-style-type: none"> <li>• <b>Neupogen (Filgrastim)</b></li> </ul>	<p>INCOME LIMIT: Financial eligibility is based on gross annual household income but company has not disclosed an income cap.</p> <ul style="list-style-type: none"> <li>• This PAP is a program of last resort. The patient must have no insurance coverage, however; having other insurance available to them does not necessarily disqualify the patient from utilizing this program.</li> <li>• Medications are only supplied to facilities that currently stock this product (e.g., doctor's offices, pharmacies, etc.) They replenish the facility's stock of the product.</li> <li>• Information cannot be taken over the phone for HIV patients unless the patient has a signed consent form on file with them.</li> <li>• Patients can pre-qualify over the phone, as long as a consent form has been signed. Since requirements may vary depending on the patient's situation, please call for more information.</li> <li>• Patient must be a permanent U.S. resident.</li> <li>• The medication will be mailed to the doctor's office and the doctor decides how the medication will be dispensed.</li> <li>• <u>No</u> requirement for cancer diagnosis</li> <li>• <b>A new PAP application is needed every year.</b></li> </ul>

Even if you think that you are not eligible, call the program to make inquiries.

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Boehringer Ingelheim  
P.O. Box 66565  
St. Louis Missouri 63166

[www.rxhope.com](http://www.rxhope.com)

Physicians online application

PH:  
1.800.556.8317

FX:  
1.866.851.2827

- Aptivus (Tripranavir)
- Viramune (Nevirapine)
- Viramune XR (Nevirapine)

*Boehringer Ingelheim has agreed to collaborate with Welvista on patient assistance for patients on the ADAP waiting list. This agreement will automatically allow patients who have qualified financially for their state's ADAP benefits to similarly qualify for access to the **Boehringer Ingelheim HIV medications APTIVUS<sup>®</sup> and VIRAMUNE XR<sup>®</sup>***

INCOME LIMIT: to 500% of the Federal Poverty Level (FPL) Guidelines (based on state's FPL).

- Patient must be a US citizen and resident, have no complete or partial prescription insurance coverage. Anyone at least 18 years of age or older can start the process.
- The blank application can be copied. Proof of income must be attached to the application.
- The medications will be sent to the doctor's office. Up to a three-month supply may be dispensed at one time.
- A copy of the application with new signatures and a new prescription is needed for refills.
- **A new application with documentation is required every year.**

Bristol-Meyers Squibb (BMS)  
Access Program for Oncology/Virology

[www.destinationaccess.com](http://www.destinationaccess.com) (For Oncology)  
[www.needymeds.com](http://www.needymeds.com)

PH:  
1.800.861.0048  
(Oncology)

PH:  
1.888.281.8981  
(Virology)

FX:  
1.888.776.2370

- Reyataz (Atazanavir)
- Sustiva (Efavirenz)
- Baraclude (entecavir)

*BMS has agreed to collaborate with Welvista on patient assistance for patients on the ADAP waiting list. This agreement will automatically allow patients who have qualified financially for their state's ADAP benefits to similarly qualify for access to the **Bristol-Myers Squibb HIV medications REYATAZ<sup>®</sup> and SUSTIVA<sup>®</sup>***

INCOME LIMIT for Access Virology Program from a minimum of 300% to a maximum of 500% of the FPL.

- Patients must have no insurance coverage for the prescription needed.
- Patients must be out-patient and treated on an on-going basis. The doctor's office may call for an application or download an application from [www.destinationaccess.com](http://www.destinationaccess.com) or [www.needymeds.com](http://www.needymeds.com). The completed application can be mailed or faxed back.
- The medications will be mailed to the doctor's office. (Note – some medications may be sent directly to the patient). A reorder form needs to be filled out and sent back to obtain refills.
- **A new application is required every 12 months for Oncology & Virology. Exception: Sprycel, which may be different due to patients Part D Status**

The Reyataz and Sustiva Co-pay Benefit Program covers the first \$200 of the patients co-pay. Patients can obtain a benefit card from their medical provider. Program not valid for MA residents, those on Medicaid, Medicare, federal or state-funded programs. BMS has enhanced its BARACLUDE<sup>®</sup> Co-pay Benefit Program for patients who have out-of-pocket costs through their commercial insurance coverage. BMS will now cover the first \$200 of a patient's monthly co-pay or co-insurance costs; the patient will be responsible for any amount over \$200.

Even if you think that you are not eligible, call the program to make inquiries.

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Gilead Sciences, Inc.  
P.O. Box 13185  
LaJolla, CA 92039

[www.gilead.com](http://www.gilead.com)

Downloadable Applications at;  
[www.needymeds.com](http://www.needymeds.com)

PH:  
1.800.226.2056  
for Emtriva,  
Truvada, Viread  
& Hepsera

PH:  
1.866.290.4767  
for Atripla

PH:  
1.888.358.0398

FX:  
1.800.216.6857

- Atripla
- Emtriva (Emtricitabine)
- Hepsera (Adefovir)
- Truvada
- Viread (Tenofovir)

*Gilead Sciences has joined Welvista For more information, please [click here](#)*

INCOME LIMIT: Up to 500% FPL.

Company provides insurance claims assistance, advocacy for patients, and will help physicians get authorized by insurance companies.

- Patients must be a US resident, have a US doctor, and have no prescription coverage through public or private programs.
- The company can also assist patients with reimbursement by calling the 1-800 number. Anyone can call to obtain an application, which can be mailed or faxed. The blank application can be copied. Completed applications can be faxed or mailed back to the company.
- The medication is sent to the doctor's office. Up to a one month supply can be dispensed at one time.
- **A new application with documentation is required every year.**

Gilead now offers a Co-pay Patience Assistance Program for those who are not on or eligible for federal or state-funded prescription coverage plan (e.g. Medicaid, Medicare Part D, or ADAP), and experience high co-pays on a Gilead product. Gilead's plan covers co-pays over \$50 per month and will assist up to \$200 per month for Truvada, Viread, and Emtriva. To obtain a plan card the patient should call 888-358-0398 or ask their medical provider about how to obtain a card. Note: This plan does NOT cover Atripla.

GlaxoSmithKline, Inc.  
AKA ViiV

[www.bridgestoaccess.com](http://www.bridgestoaccess.com)

PH:  
1.866.728.4368

- Epivir (Lamivudine)
- Mepron (Atovaquone)
- Wellbutrin (Bupropion)
- Zovirax (Acyclovir)

INCOME LIMIT: The patients must have a household income no more than 250% of the Federal Poverty Guidelines.

- The patient must be a US resident.
  - Patients can not have any prescription insurance.
  - The company requests that an "Advocate" be the contact person for the patient, throughout the entire process. The advocate can be any healthcare worker involved in the patient's care. The advocate must sign the completed application. The advocate calls for an application, which will be faxed or mailed out with a patient ID number.
  - The enrollment process may be started on line at [bridgestoaccess.com](http://bridgestoaccess.com). After the application is filled out the advocate must call the company to start the enrollment process. If the patient is accepted during the enrollment phone call, the coupon attached to the form is activated for a 60-day supply of medication, with \$10 co-pay. The completed application must be mailed in (Note – applications cannot be faxed in).
  - Some medications can be sent to the patient's home, and others must be sent to the doctor's office. Up to a three month supply of medications can be dispensed at one time. The patient must contact the company to arrange for refills.
  - **A new application and documentation is required every year.**
- Patient Savings Card: The enrollee can request a card from their medical provider. Enrollees cannot access medications through a federal or state-funded program (e.g. Medicaid, ADAP, and Medicare Part D) or a former employer retiree prescription plan. The card reduces the enrollee's actual out-of-pocket cost by up to \$100 per

Even if you think that you are not eligible, call the program to make inquiries.

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<p><b>Janssen Therapeutics (formerly Tibotec Therapeutics Patient Assistance )</b></p> <p><a href="http://www.janssentherapeutics.com/access-to-medicines">http://www.janssentherapeutics.com/access-to-medicines</a></p>	<p><b>PH:</b> 1.800.652.6227 1.866.836.0114</p> <p><b>FX:</b> 1.888.526.5168 1.866.836.0567</p>	<ul style="list-style-type: none"> <li>• <b>Edurant (Rilpivirine)</b></li> <li>• <b>Intelence (Etravirine)</b></li> <li>• <b>Prezista (Darunavir)</b></li> </ul>	<p>month for each GSK medication (Lexiva, Epzicom, Combivir, Trizivir, Epivir, Ziagen, and Retrovir) for up to two years following the cards first use. More information: <a href="http://www.mysupportcard.com">www.mysupportcard.com</a>.</p> <p>Janssen Therapeutics donates medicines to JJPfAF.</p> <p>Johnson &amp; Johnson Patient Assistance Foundation, Inc. (JJPAF) is an independent, private, nonprofit organization that assists patients who do not have financial resources or prescription drug coverage obtain free prescription products that are donated by Johnson &amp; Johnson operating companies. These companies have a long-standing commitment to helping patients to access medicines.</p> <p>To learn more about the JJPAF patient assistance programs or to apply for assistance, please visit the JJPAF Web site at <a href="http://jjpaf.org">jjpaf.org</a>, or call and speak to one of the patient assistance program specialists at 1-800-652-6227.</p>
<p><b>Johnson &amp; Johnson Patient Assistance Foundation, Inc.</b></p> <p><a href="http://www.jjpaf.org">www.jjpaf.org</a></p>	<p><b>PH:</b> 1.800.652.6227</p> <p><b>FX:</b> 1.888.526.5168</p>	<ul style="list-style-type: none"> <li>• <b>Procrit (Epoetin Alfa)</b></li> </ul>	<ul style="list-style-type: none"> <li>• INCOME LIMIT: 400% FPL Yearly gross income of \$43,320 or less for a single person. Larger family sizes are adjusted accordingly.</li> <li>• Patients cannot have public or private prescription drug coverage.</li> <li>• To receive assistance patients must reside in the United States or a United States territory.</li> <li>• Applicants should be currently under the care of a U.S. licensed healthcare provider and are being treated as an outpatient.</li> <li>• Applications can be downloaded from <a href="http://www.jjpaf.org/resources/jjpaf-application.pdf">http://www.jjpaf.org/resources/jjpaf-application.pdf</a></li> <li>• The medication will be mailed to the doctor's office. A 1-month supply is provided to the patient.</li> <li>• The patient is eligible to receive assistance for a period of one year.</li> </ul>
<p><b>Merck &amp; Company, Inc.</b></p> <p><a href="http://www.needymeds.com">www.needymeds.com</a></p>	<p><b>PH:</b> 1.800.727.5400</p>	<ul style="list-style-type: none"> <li>• <b>Crixivan (Indinavir)</b></li> <li>• <b>Isentress (Raltegravir)</b></li> </ul>	<p><i>Merck has joined Welvista with access to Crixivan and Isentress. For more information please <a href="#">click here</a></i></p> <p>INCOME LIMIT: Patients in the United States now may be eligible for the Merck Patient Assistance program if your household income is at or below 400 percent of the Federal Poverty Level (FPL) – even if your financial situation is temporary, due to unemployment or other reasons. This means that you may now qualify if you have a household income of:</p> <p>\$43,320 or less for individuals \$58,280 or less for couples \$88,200 or less for a family of four</p> <ul style="list-style-type: none"> <li>• Patients must live in the US and have a US doctor.</li> <li>• Vaccines and injectables are not available</li> <li>• There is room on the prescriptions form for up to three Merck Products. If more than three medications are needed, a separate application is required. Anyone can call for an application. Applications can either be mailed out or downloaded from the website (<a href="http://www.needymeds.com">www.needymeds.com</a>). Blank applications can NOT be</li> </ul>

Even if you think that you are not eligible, call the program to make inquiries.

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- copied. The completed original application must be mailed back.
- The medication will either be sent to the patient's home or doctor's office, as requested. The medication will be dispensed 90 days at a time, with up to 3 refills; for a total of a 1-year supply. The patient or doctor can call in to obtain a refill.
- New applications are required every year.**

<p><a href="http://www.patientassistance.com">www.patientassistance.com</a></p>	<p><b>FX:</b> 1.225.273.2652</p>	<ul style="list-style-type: none"> <li><b>Agenerase (Amprenavir)</b></li> <li><b>Zerit (Stavudine)</b></li> </ul>	<p><b>INCOME LIMIT:</b> To qualify for any patient assistance program, your total household income must be less than 200% of the Federal Poverty Level.</p> <ul style="list-style-type: none"> <li>After properly identifying the pharmaceutical company who offers the medicine you would like assistance with, you can begin the enrollment process. The initial enrollment form along with detailed company information and eligibility requirements are listed in each profile in our database.</li> <li><b>Prescription Coverage:</b> Prescription assistance programs require that you do not currently subscribe to private or public sources of prescription coverage.</li> <li><b>Residence:</b> You must be a United States resident or citizen to be eligible for any of these programs.</li> <li>After the enrollment application has been accepted to the patient assistance program, it may take up to 6 weeks before patient can start receiving medications.</li> </ul>
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**Pfizer, Inc.\***  
AKA ViiV  
(includes Greenstone & Parke Davis)

[www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com)

**PH:**  
1.866.706.2400

- Diflucan (Fluconazole)**
- Geodon (Ziprasidone HCL)**
- Neurontin (Gabapentin)**
- Zoloft (Sertraline)**

- INCOME LIMIT:** 200% FPL. (Total number of persons in household includes patient and those for whom you are financially responsible; total gross income includes incomes from all earners in the household before taxes and deductions).
- An application may be downloaded from: [www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com).
  - Patient must be a resident of the United States.
  - Proof of income and original prescription must be submitted with the application.
  - Up to a 90 day supply of medication will be dispensed at one time. Medications will be sent to the doctor's office.
  - Annual re-enrollment is required.**

**ROCHE Patient Assistance Foundation**  
AKA Genentech

[http://www.fuzeon.com/Fuzeon/consumer-reimbursement\\_assistance.do](http://www.fuzeon.com/Fuzeon/consumer-reimbursement_assistance.do)

<http://www.patientassistance.com/profile/rochepharmaceuticals-286/>

[Rxhope.com](http://Rxhope.com)

**PH:**  
1.866.247.5084

**FX:**  
1.800.305.1830

- Fuzeon (Enfuvirtide)**
- Invirase (Saquinavir)**

**INCOME LIMIT:** The patient must meet insurance guidelines that are not disclosed and have an income at or below 300% of the Federal Poverty Level.

- Insurance:** the patient must be uninsured or rendered uninsured by payer denial.

To see if a patient qualifies for GATCF, there are two forms that the doctor will need to complete. The completed forms should be faxed to 800-305-1830. For questions, please call us at 866-247-5084.

Even if you think that you are not eligible, call the program to make inquiries.

9/15/2011

- [The Statement of Medical Necessity \(SMN\)](#) - a form with basic patient, insurance and prescription information used when contacting a patient's health insurance plan to determine their reimbursement coverage and eligibility for treatment
- [The Patient Authorization and Notice of Release of Information \(PAN\)](#) - a form signed and dated by your patient that gives written permission for GATCF to discuss his or her case with you

[Rxhope.com](http://Rxhope.com)

**Strativa**

Megace ES Patient Assistance Program  
P.O. Box 42886  
Cincinnati, OH 45242

PH:  
1.800.589.0841

FX:  
1.513.618.0058

- **Megace (Megestrol)**

Eligibility: Patient must have a gross annual household income that is at or below 200% Federal Poverty Level.

- Patient must be a US resident
- Patient must not have any prescription coverage for Megace ES through any private or government funded prescription programs, including Medicare, Medicaid and Medicare Part D.
- **Who Can Apply:** Patients, Physicians, and Patient Advocates can apply for patients in need.
- **Required:** Patient and Physician must sign and date the application. A copy of the prescription written for Megace ES 625mg/5ml must be provided. Proof of gross annual household income is required. Acceptable documents include: Federal Income Tax (Form 1040 or 1040EZ) with appropriate schedules (C and/or F) or Federal Income Tax Form 1099 or Yearly benefits statement (SSA, 1099, etc), award letter or bank statements showing automatic deposit for the current calendar year or current pay stub. (at least three)
- **Ship To:** A 30-day supply will be shipped to the Healthcare Providers office. The patient must reorder each month.

[www.rxoutreach.org](http://www.rxoutreach.org)

PH:  
1.800.769.3880

- **Hydrea (Hydroxyurea)**

- Patients can use Rx Outreach regardless of their age or if they use another discount medicine program or patient assistance program. To use Rx Outreach, their income needs to be less than a certain amount of money each year. This amount differs depending on the number of financially dependant people living in their house.

**Tibotec Therapeutics Patient Assistance (see Janssen Therapeutics)**

Even if you think that you are not eligible, call the program to make inquiries.

9/15/2011

ViiV Healthcare  
 Five Moore Drive  
 Research Triangle Park  
 North Carolina, USA 27709-3398

<http://gsk-viiv-healthcare.production.investis.com/>

<http://www.viivhealthcareforyou.com>

To obtain the form for accessing the Trofile test or for more information, contact ViiV's Healthcare Clinical Specialists in your area; their contact information is provided below.

NAME	Territory Location	CELL PHONE
Tammy Newton,	Tallahassee /Jacksonville	904/571-5229
Brandon Csaszar	Tampa	727-741-3394
Tom Bryant	Orlando	772 708 1068
Joe Giuliano	Fort Lauderdale	954/629-6377
Danielle Maffei	Miami Beach	305/495-1938
Rafael Laboy	Miami	305/987-0137

PH:  
1.877.784.4842

FX:  
1.877.784.4004

- **Combivir**  
(Zidovudine/  
Lamivudine)
- **Epivir**  
(Lamivudine)
- **Epzicom**  
(Abacavir/  
Lamivudine)
- **Lexiva**  
(Fosamprenavir)
- **Rescriptor**  
(Delavirdine)
- **Retrovir**  
(Zidovudine)
- **Selzentry**  
(Maraviroc)
- **Trizivir**  
(Abacavir/  
Lamivudine/  
Zidovudine)
- **Viracept**  
(Nelfinavir)
- **Ziagen**  
(Abacavir)

**Tropism Access Program (TAP)**

**ViiV has joined Welvista**

INCOME LIMIT: The patients must have a household income no more than 500% of the Federal Poverty Level.

- The patient must be a US resident.
- May be enrolled in a Medicare Part D Prescription Drug Plan, but must spend \$600 or more on prescriptions medicines within the current calendar year.
- Must not have prescription drug coverage unless benefits are limited to generic only coverage: outpatient use only.
- The company requests that an "Advocate" be the contact person for the patient, throughout the entire process. The advocate can be any healthcare worker involved in the patient's care. The advocate must sign the completed application. The advocate calls for an application, which will be faxed or mailed out with a patient ID number.
- Some medications can be sent to the patient's home, and others must be sent to the doctor's office. Up to a three month supply of medications can be dispensed at one time. The patient must contact the company to arrange for refills.
- A new application and documentation is needed every year.

- TAP is offered by ViiV to facilitate free access to tropism testing with Trofile for patients who are ADAP eligible and for whom the cost of tropism testing is not covered by a third party (excluding Ryan White funds).
- To access TAP, providers will submit the [ViiV TAP Certificate form](#), the Trofile laboratory test requisition, and the blood sample to Monogram Biosciences. The provider will need to verify the client is ADAP eligible when they submit the form.

The Miami HIV/AIDS Partnership has developed an online PAP resource directory arranged by drug name. Co-pay assistance information for Medicare **Part D patients** is also available on this site. For more information, please visit: <http://www.aidsnet.org/newmain/mainpages/paps.html>

Even if you think that you are not eligible, call the program to make inquiries.

9/15/2011

# CO-PAY ASSISTANCE PROGRAMS

These programs assist persons with private health insurance for the co-payments required to obtain HIV drugs at the pharmacy. Some companies offer co-pay assistance for all of their drugs, including non-HIV drugs.

## ABBOTT

**Drugs covered:** Kaletra, Norvir

**Contact Information:** 800-222-6885, or go to the product website [www.kaletra.com](http://www.kaletra.com)

**Program Details:** The co-pay assistance covers the first \$50 per Kaletra prescription per month, plus \$50 per prescription per month for other drugs in the regimen—up to \$100 total for the other prescriptions.

For the Norvir program, Abbott offers up to \$50 of savings after you pay the first \$25 of your co-payment. Abbott will cover the first \$50 per Norvir prescription per month. Currently, a person must reapply for the program each year.

## BOEHRINGER INGELHEIM (BI)

**Drugs covered:** Viramune

**Contact Information:** The BI co-pay card is distributed by health care and service providers only.

**Program Details:** The co-pay assistance starts at the first dollar paid by the consumer. The program covers the first \$50 per-month of your Viramune co-payment for all BI HIV products. The program does not cover Aptivus prescriptions. Currently, a person must reapply for the program each year.

## BRISTOL-MYERS SQUIBB (BMS)

**Drugs covered:** Atripla, Reyataz, Sustiva, Videx and Zerit

**Contact Information:** 888-281-8981 for Sustiva and Reyataz or 866-784-3431 for Atripla or go to the product website [www.sustiva.com](http://www.sustiva.com)

**Program Details:** The program covers the first \$200 per-month of your co-payment for all BMS HIV products. Currently, a person must reapply for the program each year.

## GILEAD SCIENCES

**Drugs covered:** Atripla, Emtriva, Truvada, and Viread

**Contact Information:** 888-358-0398 for Emtriva, Viread or Truvada or 866-784-3431 for Atripla or go to product website [www.truvada.com](http://www.truvada.com)

**Program Details:** The program covers the first \$200 per-month of your co-payment for Gilead HIV products. Currently, a person must reapply for the program each year.

## GLAXOSMITHKLINE See ViiV Healthcare

### MERCK & CO

**Drugs covered:** Isentress

**Contact Information:** 866-350-9232 or [www.isentress.com](http://www.isentress.com)

**Program Details:** The program covers the first \$400 per-month of your co-payment for Merck HIV products. Currently, a person must reapply for the program each year.

## PFIZER See ViiV Healthcare

### TIBOTEC (now Janssen)

**Drugs covered:** Intelence, Prezista, Edurant

**Contact Information:** 1-866-961-7169

Product websites [www.prezista.com](http://www.prezista.com), [www.intelence-info.com](http://www.intelence-info.com), [www.EDURANT-info.com](http://www.EDURANT-info.com)

**Program Details:** After paying the first \$5 of your co-payment, you can save up to \$100 monthly for up to one year. Renewals are automatic each year.

# CO-PAY ASSISTANCE PROGRAMS

## **ViiV HEALTHCARE**

**Drugs covered:** Combivir, Epivir, Epzicom, Lexiva, Rescriptor, Retrovir, Selzentry, Trizivir, Viracept and Ziagen.

**Contact Information:** 1-877-844-8872

Patients can use their current or new card for both Pfizer and GSK drugs, now under one umbrella at ViiV Healthcare. You can get the card from your provider or print out the card online at [www.mysupportcard.com](http://www.mysupportcard.com).

**Program Details:** The program covers the first \$100 per-month of your co-payment on each ViiV prescription. Currently, you must reapply for the program every two years.

# PROGRAMS FOR VIRAL HEPATITIS

## Co-Pay Programs for Hepatitis B Virus (HBV)

These programs offer assistance to people with private insurance for the co-payments required to obtain HBV drugs at the pharmacy. Some companies offer co-pay assistance for all of their drugs, including non-HBV drugs. Different company programs have different eligibility criteria based on the Federal Poverty Level (FPL). The 2010 FPL income for an individual is \$10,830 annual income. It is adjusted based on family or household. 200% FPL is \$21,660 annual income for an individual and 300% is \$32,490 annual income for an individual. A complete FPL table is available at <http://aspe.hhs.gov/poverty/10poverty.shtml>. Always apply for an exception if told you are not eligible.

### **Bristol-Myers Squibb**

**Drugs covered:** Baraclude (Entecavir)

**Contact Information:** 866-715-9050. Ask the operator to speak to someone about the Baraclude Co-pay Benefits Program and ask for a card to be mailed to you.

**Program Details:** The co-pay assistance starts after the first \$20 of a co-pay has been paid by the consumer. The co-pay assistance then covers up to \$100 dollars per prescription per month. Currently the program runs for six months.

### **Gilead Sciences**

**Drugs covered:** Hepsera (Adefovir), Viread (Tenofovir)

**Contact Information:** 888-358-0398

**Program Details:** The co-pay assistance starts after the first \$50 of a co-pay has been paid by the consumer. The co-pay assistance then covers up to \$200 dollars per prescription per month. There is also a program for people who pay for their prescription in full that covers the first \$200 per month.

### **GlaxoSmithKline**

**Drugs covered:** Epivir (Lamivudine)

**Contact Information:** 888-825-5249 or <http://www.aidsmeds.com/articles/www.mysupportcard.com>

**Program Details:** The co-pay assistance starts at the first dollar paid by the consumer. The co-pay assistance then covers up to \$100 dollars per prescription per month and includes non-HBV drugs.

## PAP Programs for Hepatitis B Virus (HBV)

These programs offer free HBV drugs to people with low-incomes who do not qualify for any other insurance or assistance programs, such as Medicaid or Medicare. Different company programs have different eligibility criteria based on the Federal Poverty Level (FPL). The 2010 FPL income for an individual is \$10,830 annual income. It is adjusted based on family or household size. 200% FPL is \$21,660 annual income for an individual and 300% is \$32,490 annual income. A complete table is available at <http://aspe.hhs.gov/poverty/10poverty.shtml>. Unless otherwise stated, companies ask for verification of income, usually in the form of a federal income tax return. Companies also generally consider household income, meaning that a married couple that files joint taxes would be judged on their combined income. People who file individual income tax returns would only have their individual income considered. Always apply for an exception if told you are not eligible.

### Bristol-Myers Squibb

**Drugs covered:** Baraclude (Entecavir)

**Contact Information:** 800-736-0003 or visit <http://www.aidsmeds.com/articles/www.bmspaf.org>

**Program Details:** The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits based on the total household income compared to established FPL percentages. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

### Gilead Sciences

**Drugs covered:** Hepsera (Adefovir), Viread (Tenofovir)

**Contact Information:** 800-226-2056 or visit <http://www.aidsmeds.com/articles/www.hepsera.com>

**Program Details:** The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits based on the total household income compared to established FPL percentages. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

### GlaxoSmithKline

**Drugs covered:** Epivir (Lamivudine)

**Contact Information:** 866-475-3678 or <http://www.aidsmeds.com/articles/www.gskforyou.com>

**Program Details:** The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits based on the total household income compared to established FPL percentages. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

## Co-Pay Programs for Hepatitis C Virus (HCV)

<b>Vertex</b>
<b>Drug covered:</b> Incivek (Telaprevir) tablets
<b>Contact Information:</b> 1-855-837-8394 or visiting <a href="http://www.INCIVEK.com">www.INCIVEK.com</a>
<b>Program Details:</b> The program helps people learn about insurance benefits for their medicines, provides INCIVEK for free to eligible patients who do not have insurance and provides coverage for co-pay or co-insurance costs associated with INCIVEK for people who meet certain program criteria.
For eligible patients, the program includes the following: <ul style="list-style-type: none"><li>• Insurance Benefits Research and Support: Vertex case managers research patients' insurance benefits for INCIVEK combination treatment, assists people with insurance appeals and helps guide them to other forms of financial support, including Vertex's free medicine and co-pay program;</li><li>• Free Medicine Program: Vertex gives INCIVEK for free to people who do not have insurance and have an annual household income of \$100,000 or less; and</li><li>• Co-Pay Support: Vertex covers co-pay or co-insurance costs up to 20% of the total cost of INCIVEK for people who have private insurance plans that cover INCIVEK, regardless of their household income.</li></ul>

## PAP Programs for Hepatitis C Virus (HCV)

These programs offer free HCV drugs to low-income people who do not qualify for any other insurance or assistance programs, such as Medicaid or Medicare. Different company programs have different eligibility criteria based on the Federal Poverty Level (FPL) designation. The 2010 FPL income for one person is \$10,830. It is somewhat higher for multi-person households. An eligibility of 200% FPL would be twice that (\$21,660), 300% would be 3-times (\$32,490) and so forth. A complete table is available at <http://aspe.hhs.gov/poverty/10poverty.shtml>. Unless otherwise stated, companies ask for verification of income, usually in the form of a federal income tax return. Companies also generally consider household income, meaning that a married couple that files joint taxes would be judged on their combined income. People who file individual income tax returns would only have their individual income considered. None of the programs currently offer assistance with obtaining an HCV viral load test, however, which is a critical part of HCV treatment.

Always apply for an exception if told you are not eligible

**Amgen**

**Drugs covered:** Epogen\* (Epoetin Alfa Injection)

**Contact Information:** 800-272-9376

**Program Details:** The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits based on the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down..

*\*Epogen is not a treatment for HCV, but it is a treatment for anemia, which is a side effect commonly caused by HCV treatment.*

**Johnson & Johnson**

**Drugs covered:** Procrit\* (Epoetin Alfa Injection)

**Contact Information:** 800-272-9376

**Program Details:** The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits based on the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

*\*Note: Procrit is not a treatment for HCV, but it is a treatment for anemia, which is a side effect commonly caused by HCV treatment.*

**Genentech/Roche**

**Drugs covered:** Pegasys (Peginterferon alfa-2a) and Copegus (Ribavirin)

**Contact Information:** 888-941-3331

**Program Details:** The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits based on the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

**Merck & Co.**

**Drugs covered:** Pegintron (Peginterferon alfa-2b), Rebetol (Ribavirin) and Victrelis (Boceprevir)

**Contact Information:** 866-363-6379

**Program Details:** The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits based on the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

Victrelis is available through the Merck ACT Program 1-866-363-6379 Monday through Friday, 8AM to 8PM ET

The Fair Pricing Coalition is an ad hoc group of activists who advocate with the pharmaceutical industry regarding the price and patient access to HIV and viral hepatitis drugs. For more information, please visit <http://www.fairpricingcoalition.org/>.

# PRESCRIPTION DRUG SAVINGS DISCOUNT DRUG CARDS

## Florida Discount Drug Card

[www.floridadiscountdrugcard.com/](http://www.floridadiscountdrugcard.com/)

## Pfizer “Pfizer PFriends”

Phone: 1.866.706.2400

## Medicare Prescription Drug Program

[Medicare.gov](http://Medicare.gov)

## NeedyMeds Drug Discount Card

[NeedyMeds.org](http://NeedyMeds.org)

## Together RxAccess

Phone: 1.800.444.4106

[Togetherrxaccess.com/about.htm](http://Togetherrxaccess.com/about.htm)

## Merck’s Prescription Discount Program

Phone: 1.888.281.8981

[Merckhelps.com/uninsured](http://Merckhelps.com/uninsured)



## Access to No-Cost HIV Medications Through Welvista for Patients on the Florida Waiting List

Sponsored by the Heinz Family Foundation for individuals currently on the Florida ADAP waiting list, Welvista is a national initiative that streamlines a prescription assistance enrollment process and facilitates access to HIV medications at no cost to the patient through their mail-delivery service. The following medications are available through Welvista for patients on the Florida ADAP waiting list:

<input type="checkbox"/> Aptivus	<input type="checkbox"/> Isentress	<input type="checkbox"/> Sustiva
<input type="checkbox"/> Atripla	<input type="checkbox"/> Kaletra	<input type="checkbox"/> Trizivir
<input type="checkbox"/> Combivir	<input type="checkbox"/> Lexiva	<input type="checkbox"/> Truvada
<input type="checkbox"/> Crixivan	<input type="checkbox"/> Norvir	<input type="checkbox"/> Viracept
<input type="checkbox"/> Edurant	<input type="checkbox"/> Prezista	<input type="checkbox"/> Viramune
<input type="checkbox"/> Emtriva	<input type="checkbox"/> Rescriptor	<input type="checkbox"/> Viramune XR
<input type="checkbox"/> Epivir	<input type="checkbox"/> Retrovir	<input type="checkbox"/> Viread
<input type="checkbox"/> Epzicom	<input type="checkbox"/> Reyataz	<input type="checkbox"/> Ziagen
<input type="checkbox"/> Intelence	<input type="checkbox"/> Selzentry	

### Procedures for Obtaining Medications Through Welvista

1. After placing an applicant on the waiting list, ADAP staff must submit the attached Welvista application.
2. Community case managers may assist in completing the form; however, ADAP staff must verify the patient is currently on the Florida ADAP waiting list and sign it.
3. Copies of the requested scripts, along with the completed form, need to be faxed directly to Welvista at 1-877-258-1557. Please see instructions on the form.
4. Once the application process is complete, Welvista will start sending the medications to the patient's address, as indicated in the application form.
5. If the patient's waiting list status changes, the ADAP staff must notify Welvista immediately.

## Welvista

2700 Middleburg Drive, Suite 104  
Columbia, SC 29204  
Phone: 1-800-763-0059

# ADAP Program

## Rx FAX

TO: **Welvista** FROM: \_\_\_\_\_  
PHONE: 1-877-258-1556 PHONE: \_\_\_\_\_  
FAX: 1-877-258-1557 FAX: \_\_\_\_\_  
PAGES: \_\_\_\_\_ DATE: \_\_\_\_\_

### Medications covered under the ADAP Program

Aptivus	Atripla	Combivir	Crixivan	Edurant	Emtriva	Epivir
Epzicom	Intelence	Isentress	Kaletra	Lexiva	Norvir	Prezista
Rescriptor	Retrovir	Reyataz	Selzentry	Sustiva	Trizivir	Truvada
Viracept	Viramune	Viramune XR	Viread	Ziagen		

Patient Last Name (Print) \_\_\_\_\_ Patient First Name (Print) \_\_\_\_\_  
Patient DOB \_\_\_\_\_ Patient Phone # \_\_\_\_\_  
Ship to Address  
(Print) \_\_\_\_\_  
Ship to Address  
(Print) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Ship to Contact Name (Print) \_\_\_\_\_ Contact Phone # \_\_\_\_\_

I attest that the patient below is currently on a State ADAP wait list and meets the state of residency's ADAP Program requirements. I agree that if there is a change in the patient status with the ADAP program I will notify Welvista immediately.

This patient under the State ADAP program is:  uninsured or  underinsured (please check appropriate box)

\_\_\_\_\_  
**Print Name** **Authorized Signature** **Date**

**Note: All documentation to include Welvista ADAP Enrollment Form, Prescription (if separate), and state wait list Notification Letter must be received before prescriptions are processed.**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

**Rx**

REFILLS \_\_\_\_\_

\_\_\_\_\_  
**DISPENSE AS WRITTEN**

\_\_\_\_\_  
**SUBSTITUTION PERMITTED**

DEA# \_\_\_\_\_ Prescriber Name (Print) \_\_\_\_\_  
LICENSE# \_\_\_\_\_ Prescriber Phone# \_\_\_\_\_  
NPI# \_\_\_\_\_ Prescriber Address \_\_\_\_\_

## Low-Cost Retail Prescription Programs

### **Wal-Mart** (\$4 Prescription Program)

#### Diabetes

Glipizide (Glucotrol)  
Glyburide (Diabeta)  
Metformin (Glucophage)

#### Cholesterol

Pravastatin (Pravachol)

#### Mental Health

Amitriptyline (Elavil)  
Nortriptyline (Pamelor)  
Fluoxetine (Prozac)  
Prochlorperazine (Comazine)

#### Antibiotic Treatments

TMP/SMZ DS (Bactrim DS)

#### Fungal Infections

Fluconazole (Diflucan)

#### Viruses

Acyclovir (Zovirax)

#### Other Medical Conditions

Megestrol (Megace)

For a complete list of drugs visit:

[http://i.walmartimages.com/i/if/hmp/fusion/customer\\_list.pdf](http://i.walmartimages.com/i/if/hmp/fusion/customer_list.pdf)

### **Publix** (FREE Medication)

Metformin (500mg, 850 mg, and 1,000 mg)

For more information visit:

<http://www.publix.com/wellness/pharmacy/Publix-Pharmacy-Diabetes-Management-System.do>

### **Target** (\$4 Prescription Program)

#### Antidepressants

Amitriptyline (Elavil)  
Fluoxetine (Prozac)  
Nortriptyline (Pamelor)

#### Cancer/Oncology

Megestrol (Megace)

#### Cholesterol

Pravastatin (Pravachol)

#### Diabetes

Glipizide (Glucotrol)  
Glyburide (Diabeta)  
Metformin (Glucophage)

#### Antibiotic

TMP/SMZ DS (Bactrim DS)

#### Antifungal

Fluconazole (Diflucan)

#### Antiviral

Acyclovir (Zovirax)

#### Smoking Cessation

Bupropion (Wellbutrin)

For a complete list of drugs visit:

<http://sites.target.com/site/en/health/page.jsp?contentId=WCMP04-040589>

### FINANCIAL ASSISTANCE FOR HEPATITIS MEDICATIONS

\*Drugs will no longer be available by ADAP effective August 1, 2010 (until further notice).

Drug Name	Hepatitis Type	Company Name	Contact Information
Ribasphere (Ribavirin)*	HCV	3 Rivers Pharmaceuticals	1-800-405-8506 <b>Medical provider must contact company for an application.</b>
Infergen	HCV	3 Rivers Pharmaceuticals	1-800-405-8506 <a href="http://www.3riverspharma.com/products.htm">http://www.3riverspharma.com/products.htm</a>
Intron A	HBV, HCV	Schering-Plough (Merck)	1-800-293-3881 <a href="http://www.merck.com/responsibility/commitmenttocare.pdf">http://www.merck.com/responsibility/commitmenttocare.pdf</a>
Rebetol	HCV	Schering-Plough (Merck)	1-800-293-3881 <a href="http://www.merck.com/responsibility/commitmenttocare.pdf">http://www.merck.com/responsibility/commitmenttocare.pdf</a>
Peg-Intron (Peginterferon Alfa) 2B*	HCV	Schering-Plough (Merck)	1-800-293-3881 <a href="http://www.merck.com/responsibility/commitmenttocare.pdf">http://www.merck.com/responsibility/commitmenttocare.pdf</a>
Pegasys (Peginterferon Alfa) 2A*	HCV	Genentech (Roche)	1-877-734-2797, option 3, then 1 <b>Patient must contact company for pre-screening prior to receiving an application.</b>
Pegasys/Copegus	HCV	Genentech (Roche)	1-877-734-2797, option 3, then 1 <b>Patient must contact company for pre-screening prior to receiving an application.</b>
Hepsera (Adefovir)*	HBV	Gilead	1-800-226-2056 <a href="http://www.gilead.com/us_advancing_access">http://www.gilead.com/us_advancing_access</a>
Baraclude (Entecavir)*	HBV	Bristol-Myers Squibb	1-888-281-8981 <a href="https://www.pparx.org/resources/2008-04-17.BristolMyers_Squibb_Company.BristolMyers_Squibb_Access_Virology_Patient_Assistance_Program.3002.pdf">https://www.pparx.org/resources/2008-04-17.BristolMyers_Squibb_Company.BristolMyers_Squibb_Access_Virology_Patient_Assistance_Program.3002.pdf</a>



## fact sheet

# Waiting List

### **When did the waiting list go into effect?**

The Florida AIDS Drug Assistance Program (ADAP) instituted a waiting list June 1st, 2010.

### **Why was the waiting list implemented?**

With a record increase in client enrollment along with shortfalls in federal funding and the closure of other assistance programs we have had to implement cost containment measures that would ensure enrolled clients continue to receive medications without interruption in treatment.

### **Who does the waiting list apply to?**

The waiting list will apply to all new applicants and clients whose records are in closed status at the time this policy is instituted. Clients who have not picked up their medications within 60 days will need to reapply.

### **Are there any exceptions?**

Yes, pregnant women, post-partum, or pediatric/adolescent individuals who meet all other ADAP enrollment criteria and are not eligible for other programs will be removed from the waiting list and enrolled for services.

There are other cases where exceptions will be granted for patient(s) who have extreme medical conditions. A medical exception form will need to be completed by the medical provider and sent to ADAP headquarters. The Bureau of HIV/AIDS Medical Section will review the form and provide a response within 5-7 business days.

### **How are applicants assigned a place on the waiting list?**

Applicants are assigned a place on the waiting list according to the medical categorization determined by their medical provider:

#### **Category A:**

- Diagnosis of AIDS and/or CD4 < 200 cells/mm<sup>3</sup>.
- Diagnosis of active opportunistic infection.
- Diagnosis of HIV-associated nephropathy (HIVAN).

#### **Category B:**

- Persons who are currently on ARV therapy.
- Persons who were previously on ARV therapy but therapy was interrupted.
- Treatment naïve clients with CD4 cell count between 201-350 cells/ mm<sup>3</sup>

#### **Category C:**

- Treatment naïve clients with CD4 cell count > 351 cells/ mm<sup>3</sup>

**How long will the average waiting period be?**

We are working to ensure that any waiting time period is as short as possible.

**Are there any other requirements?**

Applicants placed on the waiting list must keep their enrollment current by recertifying every 6 months. To keep enrollment current on the ADAP waiting list, applicants must provide all required documentation for enrollment to the ADAP Office in person.

**How do I acquire HIV medications when there is a waiting list?**

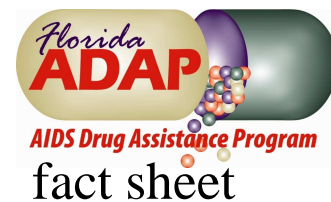
Your case manager or local ADAP staff member is able to provide information and may assist you to obtain medications through a Patient Assistance Program.

**Are you trying to acquire additional funding for ADAP?**

We recognize that maintaining a sustainable drug assistance program is a critical need in our communities. We are working with Federal and State government and statewide community partners to secure additional resources for new enrollments into the program for eligible Floridians living with HIV/AIDS.

*The Florida AIDS Drug Assistance Program (ADAP) provides life-saving medications under the Ryan White CARE Act to people living with HIV/AIDS who are uninsured or under-insured. For more information visit the ADAP website at [www.floridaADAP.org](http://www.floridaADAP.org).*

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## PAPs

### What are Patient Assistance Programs (PAPs)?

Commonly referred to as PAPs, Patient Assistance Programs are services offered by pharmaceutical companies for those who cannot afford their medication. Prescription assistance programs are available to low-income individuals or families who are under-insured or uninsured and are provided to those who meet the eligibility guidelines. Assistance may range from reduced cost of drugs to free medicine. Each drug that a company offers will have its own unique program.

### Who qualifies?

Millions of people are already benefiting from prescription assistance programs - and there are millions more who could be helped. Each prescription assistance program has its own eligibility criteria. If you complete the step-by-step application process, you should be able to see if you are eligible for one or more prescription assistance programs. Patients with questions about the eligibility criteria of a specific program will be transferred directly to the company sponsoring that program. (Note: There are some instances in which Medicaid beneficiaries may be eligible for certain prescription assistance programs.)

### What are the eligibility requirements for prescription assistance programs?

Although eligibility differs from program to program, they all have specific criteria.

- **Income:**  
Many companies will request that you provide proof of income. The following are examples of acceptable material to submit for this request: Federal or State tax statements, pay stubs, or bank statements.
- **Prescription Coverage:**  
Prescription assistance programs require that you do not currently subscribe to private or public sources of prescription coverage plus you may be required to provide insurance related information. The following are examples of acceptable material to submit for this request: current insurance plan statement, a rejection letter from Medicaid, or a rejection letter from an insurance company.
- **Residence:**  
You must be a United States resident or citizen to be eligible for any of these programs.

### What other material will I need to provide besides the enrollment form?

Many pharmaceutical companies will require additional material to be submitted along with your completed enrollment form. As stated before, there are no unified guidelines for what each company requests, but you can expect that many of them will require similar information. Please take the time to review each company's profile in our database before you submit your finished application.

### What is required of my physician during the enrollment process?

While there are some enrollment processes that do not require interaction from your physician, many request that they provide answers to questions on the form or directly sign it. Each prescription assistance program enrollment will detail what information they will need from your physician.

As stated before, there are no unified guidelines for what each company requests, however you can expect that many will require similar information.

- **Patient Diagnosis:**  
Required in the same manor as an insurance company requests when authorizing medication for a patient. The diagnosis is used to determine if the specific medicine in question is the best option for the patient.
- **Prescription:**  
In any situation that medication will be supplied to a patient, a prescription from their physician is necessary. Enrollment processes that ask for this information will require the patient/physician to attach the prescription to the form or provide the prescription to the pharmacy where the medication will be received.

Some enrollment forms can only be acquired by having the physician contact the pharmaceutical company directly. By making contact with your physician, the company can determine eligibility before the form has been submitted. Please see the profile for the prescription assistance program you're inquiring about for further details on what is required from your physician.

### **Is there any cost associated with prescription assistance programs?**

In most cases, there is no cost associated with prescription assistance programs. If there are any costs for the program, it will be displayed in the profile for the pharmaceutical company whose medication you are inquiring about. Many PAP's provide their medication completely free or at a significant discount off the uninsured cost. If you acquire your medication through a local pharmacy, you may be charged up to a \$25 co-pay. This is not imposed by the pharmaceutical company, but by the pharmacy you are working with.

### **When should I expect to receive my medication?**

After your enrollment application has been accepted to the prescription assistance program, it may take up to 6 weeks before you start receiving your medication. If the enrollment form stated that your medicine will be sent to the nearest pharmacy or your doctor's office, it is recommended that you provide them with your most recent contact information so they can inform you that your medication has arrived.

Please note: It is not guaranteed that you will be contacted if your enrollment form has been rejected. Make sure to save information detailed by the pharmaceutical company on how to check the status of your application.

### **How are refills handled?**

To request a refill, you or your physician will have to contact the pharmaceutical company. Who contacts the company is dependent on the requirements of the PAP that you have enrolled in. Please keep in mind that you may only request a refill during your enrollment period. Each program will clearly state how often you need to resubmit your application. Failure to do so will result in a termination of the provided services and a rejection of your refill request. As each program is different, please refer to your prescription assistance program's profile for information regarding the refill process and enrollment duration.

### **Does having health insurance disqualify me from eligibility?**

While belonging to a prescription coverage program renders you ineligible for any prescription assistance program, it is not universal as to whether having health insurance will do the same. Although having health insurance will not affect most prescription assistance programs, some do require that you do not have any form of public or private coverage. The company profiles will provide you with the eligibility requirements for the specific PAP you are inquiring about, including their requirements regarding health insurance.

### **Am I still eligible if I have used all of my current prescription coverage?**

Once you have used all of your prescription coverage, you are no longer considered covered as it provides you no use. It is recommended that you wait until you have received documentation stating that your prescription coverage plan has been exceeded before you submit your application for enrollment. Even though many prescription assistance programs will not require it, you should provide a copy of that statement along with your enrollment application to prevent an accidental disqualification.

### **Will having Medicare Part D disqualify me?**

Most prescription assistance programs disqualify all those eligible for the full low income subsidy through Medicare Part D. If you do not qualify for the full low income subsidy, you should attach documentation from Social Security stating that you are ineligible to your enrollment form. Please keep in mind that this information varies greatly between different companies and is subject to change without notice. If the profile for the prescription assistance program in our database states that you are disqualified for having Medicare Part D, it is recommended that you contact the company directly to request your case be further reviewed. It is not uncommon for exceptions to be made for those facing financial difficulties.

### **Why has my enrollment been disqualified and what can I do about it?**

Unfortunately not every enrollment application to a prescription assistance program will be accepted. As these services are provided for free by the pharmaceutical companies, it is at their discretion who they reject and for what reason. It is unlikely that you will be disqualified for anything other than failing to meet all eligibility requirements.

It is possible to have the rejection overturned by submitting your application for appeal. You should request that your physician provide you with a letter of detailing under what circumstances your case should be reconsidered. After making copies of the material for your own record, send a fresh copy of your application, rejected application, and your physician's letter to the address listed for the prescription assistance program with "ATTN: Appeals Department" on the front of the envelope.

### **Are there prescription assistance programs for generic medications?**

Yes. Both [Rx Outreach](http://www.rxassist.org/) <http://www.rxassist.org/> and [Xubex Pharmaceutical Services](http://www.xubex.com/) <http://www.xubex.com/> offer prescription assistance programs for generic drugs. These programs differ from all other prescription assistance programs in that they are not offered by the pharmaceutical manufacturer of the drug.

### **What programs are available?**

**Partnership for Prescription Assistance (PPARx)** <http://www.pparx.org/>

The program [Montel Williams](#) talks about, and the one that promotes itself with the big orange "[Help is Here](#)" bus, is the [Partnership for Prescription Assistance](#). We offer a single point of access to more than 475 public and private programs, including more than 180 offered by pharmaceutical companies.

### **What role do doctors and other health care providers play in the PPARx prescription assistance program?**

Healthcare providers play a crucial role in spreading the word that patients in need can get free or nearly free prescription medicines. Doctors, nurses, and other health care providers can also log on to PPARx to get information on prescription assistance programs. Doctors will also be responsible for signing patient application forms, adding prescription information or an actual prescription and, depending on the program, potentially mailing or faxing the application on behalf of the patient. PPARx does not issue the prescriptions itself. It is a portal that helps patients find those programs that do offer assistance. Among the programs represented, patients have access to more than 2,500 different drugs.

If you prefer to make your inquiries by phone, call (888) 477-2669.

**Patient Assistance** <http://www.patientassistance.com/>

[Patient Assistance](http://www.patientassistance.com/) is a non-profit organization that goes beyond helping you find potential resources. It helps you manage your applications, too. It features the largest of the databases of companies and non-profits -- all-in-one, one-stop shopping for potential sources that will help you obtain the drugs you need. Additional information about discount prescription cards is available. Patients with diabetes will find additional resources.

There is no cost to patients to use the Patient Assistance database at its website.

**RxAssist Patient Assistance Program Center** <http://www.rxassist.org/>

The qualification process at RxAssist is similar to that of PPARx. Once you have provided some basic family size and income information, plus the drugs you need help paying for, you will be told whether that drug company participates with RxAssist and whether that particular drug is available for free or at a lower cost.

Patient Assistance Program Directory is available on the website.

Qualification for the programs offered by prescription drug companies is based on a formula that determines whether family size and income are within [federal poverty guidelines](#). The website provides the information patients need to figure out whether they fall within those guidelines.

**Needy Meds** <http://www.needymeds.org/>

Needy Meds provides access not just to low-cost and free prescription drugs, but other types of programs that help patients get the medical assistance they need, too. Included are links to programs that will help patients with certain diseases, smoking cessation, generic drugs purchases at large pharmacies and drug stores, finding discount drug cards, "green" ways to dispose of medicines and devices, programs for Medicare enrollees, even tips for saving money on drug purchases.

Applications for assistance are not made through the Needy Meds website and are not made online.

However, applications for most of the programs are available in PDF form. Patients are encouraged to download them, and are given instructions for where to send them.

**Among the various PAPs available online, Needy Meds provides resources to the most people since not all of its programs require low income to access.**

**Other Prescription Assistance Programs Available Through the Web**

If you are taking a prescription medication and have trouble finding it on the lists of the PAPs listed above, consider contacting the company that manufactures the drug. If you aren't sure who manufactures it, you can look at the [FDA website](#). Once you know who manufactures it, you can do a general search for the drug name and the manufacturer, plus "prescription assistance."

Or, simply locate the website for the manufacturer and contact them by email or phone asking them if they know of prescription assistance resources for that particular drug.

Additional programs are readily available online -- with a caveat. Many of these programs offer access to free or low-cost drugs, but you pay for the service to qualify you. In some cases, it's a monthly fee and you'll be asked to pay a year's worth of fees, at a minimum. Other sites charge you a copay for the drugs. Others are simply scams.

**Don't forget, too, that almost anyone is eligible for a [drug discount card](#):**

<http://patients.about.com/od/drugsandsafety/a/drugdiscounts.htm>

**WARNING!**

Never fill out a form at one of these sites without double-checking the company first. You don't want to risk having your money or your identity stolen. Just because they look bona fide doesn't mean they are.

If you find the name of a company that offers free or low-cost drugs, and you want to verify its credibility, then do another search using the name of the company and the word "scam" or "rip off" to see if others have reported problems. You might even check with the [Better Business Bureau](#) in that company's location.

**PHARMACEUTICAL COMPANIES THAT PARTICIPATE:**

Abbott - Positive Partner PLUS Card

Covers [Kaletra](#) and 2 other HIV medications when part of a regimen

No income or co-pay eligibility criteria

Provides \$50/month for Kaletra and \$50/month for each of two other HIV meds in the same regimen

1-800-556-8317 or <http://www.kaletra.com>

Boehringer Ingelheim - Viramune Co-pay Savings Card

Payment in the form of a MasterCard debit card

Pays up to \$50 of co-pay for [Viramune](#) each month for 12 months

Debit card honored at traditional and mail-order pharmacies

<http://www.viramune.com>

Bristol-Meyers Squibb - [Reyataz](#) and [Sustiva](#) Co-pay Benefit Program

Covers Reyataz and Sustiva

Benefit up to \$200/month

1-888-281-8981 or <http://www.bms.com/products/Pages/programs.aspx>

Bristol-Meyers Squibb / Gilead Sciences - [Atripla](#) Co-pay Assistance Program

Covers high co-pays

Patient responsible for first \$50 and any amount over \$250

1-866-290-4767 or <http://www.atripla.com>

Gilead Sciences – Truvada Co-pay Assistance Program

Covers Truvada, [Emtriva](#), and [Viread](#)

Covers co-pays ranging from \$50 to \$200 per month

Advancing Access 1-800-445-3235

Janssen Therapeutics

Covers Edurant, [Prezista](#) and [Intelence](#)

Assistance available through Johnson & Johnson Patient Assistance Foundation

1-800-652-6227 or [jjpaf.org](http://jjpaf.org)

Merck & Co. - [Isentress](#) Patient Savings Coupon Program

Covers Isentress only

Covers co-pays from \$30 to \$400/month

1-866-350-9232 or <http://www.isentress.com>

## ViiV Healthcare - MySupportCard

ViiV Healthcare has a prescription assistance program that can assist many patients in accessing the HIV medicines of ViiV Healthcare while they are on waiting lists for AIDS Drug Assistance Programs (ADAPs).

Covers [Combivir](#), [Epivir](#), [Epzicom](#), [Lexiva](#), [Rescriptor](#), [Retrovir](#), [Selzentry](#), [Trizivir](#), [Viracept](#), and [Ziagen](#)

No income criteria


Covers co-pays up to a maximum of \$100/prescription

1-888-825-5249 or <http://www.mysupportcard.com>

For more information on the company, its management, portfolio, pipeline and commitment, please visit <http://www.viivhealthcare.com>.

<http://www.patientassistance.com/faq.html>

**Step 1:** Signup For an Account  
**Step 2:** Locate Prescription Assistance Programs  
**Step 3:** Get Meds



**Step 1: Signup For an Account**

Simply click the Start Here button located at the top right of your screen. This will bring you to a sign up page to login into the system and search for programs with your medication.

Program and Medication List	✓
Program Summary Information	✓
Program Address	✓
Program Website, Phone, Fax	✓
Detailed Program Information	✓
Program Enrollment Forms	✓
Other Program Links and Forms	✓
Set Refill Reminders	✓

## **Step 2: Locate Prescription Assistance Programs**

Once you are logged into your account you can search programs by name or search for your medications individually. Remember that there may be more than 1 program for each medication so do not overlook them.

## **Step 3: Get Meds**

Now that you have located a program that is right for you and filled out the correct enrollment forms, got the proper signatures, mailed the forms in; You can now sit back and wait for your medication. This can take a few weeks so be prepared for some wait time. If your program does not have an enrollment form listed then simply call them direct.

## **Helping Patients One Medication at a Time**

There are over 100 million Americans that either can't afford their medication or are struggling to afford their medication. We aim to help each and every American in that situation.

*The Florida AIDS Drug Assistance Program (ADAP) provides life-saving medications under the Ryan White CARE Act to people living with HIV/AIDS who are uninsured or under-insured. For more information visit the ADAP website at [www.floridaADAP.org](http://www.floridaADAP.org).*



## fact sheet

# **Partnership for Prescription Assistance**

### **What is the Partnership for Prescription Assistance?**

The Partnership for Prescription Assistance brings together America's pharmaceutical companies, doctors, other health care providers, patient advocacy organizations and community groups to help qualifying patients without prescription drug coverage get free or low-cost medicines through the public or private program that's right for them.

### **Who qualifies?**

Millions of people are already benefiting from prescription assistance programs - and there are millions more who could be helped. Each prescription assistance program has its own eligibility criteria. If you complete the step-by-step application process, you should be able to see if you are eligible for one or more prescription assistance programs. Patients with questions about the eligibility criteria of a specific program will be transferred directly to the company sponsoring that program. (Note: There are some instances in which Medicaid beneficiaries may be eligible for certain prescription assistance programs.)

### **Will non-citizens be eligible?**

Each prescription assistance program has its own eligibility criteria.

### **Can I have other drug coverage and still qualify for a prescription assistance program?**

Yes, there may be some prescription assistance programs for which you may be eligible.

### **How do I get an application?**

You may obtain an application through the PPARx program. It will gather information needed to see if you may qualify and will then create an application form that you can print out.

### **How can I tell the status of my application?**

You will need to contact the program directly to get the status of your application.

### **What drugs are available?**

More than 2,500 brand-name and generic medicines are covered. The participating pharmaceutical companies and the prescription assistance programs make decisions about which drugs are included in a prescription assistance program.

### **What drug companies participate in this program?**

There are currently 98 different pharmaceutical companies participating in this program.

**How long does it take qualified patients to get their medicine?**

While companies are committed to getting free or nearly free prescription medicines to eligible patients as quickly as possible; each participating prescription assistance program has its own timeline. Patients can call the organization sponsoring their prescription assistance program to ask when they will receive their medicines.

**How should patients expect to receive their medicine?**

Depending on the program, the prescription medicines are either sent to the doctor's office or sent to the patient's home. Some prescription assistance programs send patients a pharmacy card in the mail that they can use to get their free or nearly free medicines at their local pharmacy.

**What role do doctors and other health care providers play in the PPARx prescription assistance program?**

Healthcare providers play a crucial role in spreading the word that patients in need can get free or nearly free prescription medicines. Doctors, nurses, and other health care providers can also log on to PPARx to get information on prescription assistance programs. Doctors will also be responsible for signing patient application forms, adding prescription information or an actual prescription and, depending on the program, potentially mailing or faxing the application on behalf of the patient.

**Please visit the website for complete details.**

<http://www.pparx.org/>

1-888-4PPA-NOW (1-888-477-2669)

*The Florida AIDS Drug Assistance Program (ADAP) provides life-saving medications under the Ryan White CARE Act to people living with HIV/AIDS who are uninsured or under-insured. For more information visit the ADAP website at [www.floridaADAP.org](http://www.floridaADAP.org).*

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PROGRAM DATABASE LAST UPDATED ON MAY 24, 2011



## fact sheet

# **RxAssist**

RxAssist offers a comprehensive database of these patient assistance programs, as well as practical tools, news, and articles so that health care professionals and patients can find the information they need.

<http://www.rxassist.org/>

### **How does RxAssist work?**

To use the database, you must first register by answering a few simple questions. Once registered, you can search by drug name (generic or brand) or search by the pharmaceutical company.

### **What makes RxAssist unique?**

RxAssist is a nationally recognized, web based medication assistance resource center. Established in 1999 with funding from The Robert Wood Johnson Foundation, RxAssist gives providers, advocates, consumer and caregivers comprehensive, up-to-date information in an easy to use format. RxAssist is part of the Center for Primary Care and Prevention at Memorial Hospital of Rhode Island.

### **How do I get started using RxAssist?**

To access the RxAssist database of patient assistance programs you simply need to visit either the [Patient](#) or [Provider Center](#) and use the database to search for needed medications.

### **What are the eligibility requirements for patient assistance programs?**

Eligibility varies program by program. Generally, individuals must have incomes under 200% of the [Federal Poverty Level](#), cannot have prescription coverage from any public or private source and must be a U.S. resident or citizen. Some companies require that the patient has no health insurance.

### **What do I have to do to apply for a patient assistance program?**

You must follow the directions on the application exactly, answer every question and include any documents the program asks for.

### **What does my doctor need to do to help me apply for a patient assistance program?**

This depends on the specific patient assistance program.

**Do I need to pay anything to participate in a patient assistance program?**

Most programs make their medications available for free. A few that require pharmacy pick-up have up to a \$25 co-pay.

**How long does it take for my medicine to arrive?**

It can take anywhere from 2 days to 6 weeks for medication to arrive after approval for participation in the program.

**I have health insurance, but no prescription insurance; am I eligible for patient assistance programs?**

In most cases, the answer is yes. Some companies, however, require that a patient has no health insurance.

**I have Medicare Part D. Do I qualify for these programs?**

This will vary depending on the particular patient assistance program that carries your medication and that company's policy.

**Are there patient assistance programs for generic medications?**

Yes. Both Rx Outreach and Xubex Pharmaceutical Services offer patient assistance programs for generic drugs. These programs differ from all other patient assistance programs in that they are not offered by the pharmaceutical manufacturer of the drug.

*The Florida AIDS Drug Assistance Program (ADAP) provides life-saving medications under the Ryan White CARE Act to people living with HIV/AIDS who are uninsured or under-insured. For more information visit the ADAP website at [www.floridaADAP.org](http://www.floridaADAP.org).*

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## fact sheet

# Co-Pays

### **What are Co-pay Programs?**

HIV drug co-pay programs may be a way to offer much-needed assistance to those who are uninsured and underinsured, or are being adversely affected by the rising costs of drug co-pays, health insurance premiums, and other expenses associated with health care. These programs offer assistance to people with private health insurance for the co-payments they have to make at the pharmacy for their HIV drugs.

Some companies offer co-pay assistance for all of their drugs, including non-HIV drugs.

Co-pay programs may cover all or part of the drug co-pay for many privately-insured individuals, up to a specified amount, and for a pre-determined period of time (for example, up to one year).

Patients should contact or ask their health care providers or pharmacies to contact drug manufacturers directly for updated details on a specific drug.

### **Are there restrictions?**

Certain restrictions and eligibility requirements apply (recipients of ADAP, Medicare, and Medicaid are ineligible) and may vary from program to program.

### **How do I get my co-pay card?**

Individuals usually get their co-pay cards directly from their provider or in some cases from the manufacturer's website or by calling a toll-free number. Once enrolled, they then bring the co-pay card to the pharmacy when filling the prescription and the pharmacy is reimbursed for the amount covered.

### **What about mail-order pharmacies?**

Major health insurance carriers contract with Prescription Benefit Managers (PBMs) to reduce health care costs through the use of mail-order pharmacies. Unfortunately many of the most widely used mail-order pharmacies in the U.S. do not accept co-pay cards, either because their systems are not set up to handle them or they don't have the software to process this type of reimbursement. This is a problem since more and more patients are required by their company's health care plan to acquire their medications through a mail-order pharmacy, and it's an issue that the Fair Pricing Coalition continues to work to address with each individual company.

### **What companies can I contact?**

See the Co-Pay Assistance Programs section in this guidance.

**What about non-HIV drug assistance?**

There may be medications in addition to HIV drugs that individuals have to take, including those needed to control other conditions such as high cholesterol or diabetes.

To find patient assistance or drug co-pay programs for these and other types of drugs, visit [www.pparx.org](http://www.pparx.org) or [www.needymeds.com](http://www.needymeds.com).

Together Rx is a prescription savings program for uninsured individuals sponsored by many of the nation's leading pharmaceutical companies. For more information call toll-free 1-800-444-4106, or enroll online at [www.TogetherRxAccess.com](http://www.TogetherRxAccess.com).

For Hepatitis B and Hepatitis C drugs, see the Programs for Viral Hepatitis section in this guidance.

For more information, or if you have a problem accessing or using a specific program, visit <http://www.projectinform.org/> or call the Project Inform Hotline at **1-800-822-7422**.

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## fact sheet

# Discount Drug Cards

### **What is a Prescription Drug Savings or Discount Card?**

Prescription drug discount cards (also known as "consumer cards," "point of sale cards," and "100% co-pay" cards), allow prescription drug users to save money on all types of prescription medications. At the time of purchase, members simply present their card at a participating pharmacy to instantly receive substantial discounts on their prescription drugs. It's that easy.

### **How Do Prescription Drug Savings Cards Work?**

Prescription Drug Savings cards contain special computerized instructions that can be read by the pharmacy's computer, similar to an ATM card. When the card information is entered, the price on the prescription is discounted based on the pharmacy's agreement with the participating drug company. This type of cutting-edge technology allows consumers to save money without encountering any hassles in the checkout line.

### **Who Needs a Prescription Drug Discount Card?**

Any individual with limited or no prescription drug coverage can benefit from a prescription drug savings card. Instead of paying full price for medication, card members can save money whenever they purchase prescription drugs. People who already have insurance coverage may still find the card useful, as it can discount medications that are not covered by their health plan.

### **What Kind of Savings Are We Talking About?**

Substantial discounts on all brand-name and generic drugs. How substantial? Members save an average of 15% on brand drugs and 40% on generic drugs. These savings increase even more on generic when members utilize mail-order pharmacy.

### **How much do drug discount cards cost?**

Some cards are free, some have an enrollment fee or annual fee and some have monthly fees. Annual fees generally range between \$30 and \$60 for families; monthly fees generally range from \$4.75 to \$7.95 per month.

### **How do I pick a drug discount card?**

Before using one of these plans, we suggest that you look into the following:

#### Eligibility:

- Is there an income limit? (Do you qualify?)
- Is there an age limit? (Do you qualify?)
- Do you have to be a member of an association to get this discount?
- Does the plan cover you alone, you and your spouse, or your entire family?

### Costs:

- Is this plan for medication only or is it part of health, vision and/or dental coverage?
- Is there a membership/enrollment/annual fee?
- Is there a monthly fee?
- What are your co-payments?
- Are there additional shipping and handling fees?
- Will the money you save be more than the money you spend on enrollment fees, co-payments, and other fees?

### Benefits:

- Are drugs provided through a mail-order pharmacy or a walk-in pharmacy?
- Do you have to use a "participating pharmacy?" (Are these convenient to you?)
- Are the drugs you need covered by the plan?
- What drugs are not covered by the plan?
- Does the plan cover both generic and brand name drugs?
- Is the % discount the same for generic and brand name drugs?
- Is the discount off the retail price? (Make sure the plan is really saving you money compared to what you would normally pay at your local pharmacy.)
- Is there a limit on the benefits you can receive in a year?

### Protection:

- Does the plan make available detailed description of coverage? (Make sure you get and read through all the written material regarding the discount card program)
- Does the plan have a customer service number, preferably one that is toll-free?
- What are the options for canceling this card? What is the policy on refunding your fees?

### **Where do I apply to get a discount drug card?**

There are many sites on the web to obtain a card. Just a few are:

<http://www.needymeds.org/drugcard/index.htm>

<http://www.myrxadvocate.com/>

<http://freedrugcard.us/>

<http://www.rxdrugcard.com/>

### **Does Florida offer a card?**

About the Florida Discount Drug Card

The Florida Discount Drug Card is designed to lower the cost of prescriptions for all Florida residents. All Florida residents can participate: no age limit, no income requirement, no waiting period, no pre-existing condition restrictions, no membership fees and the card can be activated instantly. No tax dollars are used to make the Florida Discount Drug Card available. A public-private partnership with Envision Pharmaceutical Services (EPS) makes the discounts possible. EPS pharmacy benefits manager secures volume discounts on prescription drugs, passing savings onto consumers.

The Florida Discount Drug Card offers additional savings for Florida residents who are: Age 60 to 64, without prescription drug coverage, and do not belong to a Medicare Part D plan; Or, under age 60, without prescription drug coverage and with an annual family income of less than 300% of the federal poverty level. <http://www.floridadiscountdrugcard.net/pdfs/FPL.pdf>

Getting a card is simple:

Printable cards can be downloaded directly from the Florida Discount Drug Card Web site. Participants who qualify for additional savings will be able to download a temporary card directly from the Florida Discount Drug Card Web site and will receive a physical card by mail for a small, one-time \$1.50 activation fee which is only added to the cost of the first prescription. The temporary downloaded card activates within three hours.

Finding a pharmacy is easy:

More than 60,000 pharmacies are participating nationwide, including all major chains. If the pharmacy's usual and customary price is lower than the Florida Discount Drug price, the customer will pay the lower price. Additionally, if the customer qualifies for any other prescription discounts, they will always pay the lowest price.

Floridians can request a Florida Discount Drug Card by visiting [www.FloridaDiscountDrugCard.com](http://www.FloridaDiscountDrugCard.com) or by calling 1-866-341-8894 or TTY 1-866-763-9630. The Florida Discount Drug Card Web site provides printable cards, an easy to use drug pricing index and pharmacy locator tool, determine savings and find a participating pharmacy.

To order a 90 day supply by mail, please visit [www.OrchardRx.com](http://www.OrchardRx.com) or call 1-866-909-5170. TTY Users may call 1-866-909-5169.

Information on the Web site is available in English or Spanish, and a Creole version will be available soon. Multilingual drug card service representatives are available by calling the toll-free number.

### **What about Medicare Part D?**

The Medicare Prescription Drug Program

It is very important that persons who are eligible for the Medicare Prescription Drug Program ("Medicare Part D") thoroughly investigate their options. If you need help to analyze your coverage needs and determine a plan that best suits you, both Medicare and the Florida Department of Elder Affairs SHINE program provide individual assistance (see contact information below).

SHINE: 1-800-96-ELDER (1-800-963-5337) or [www.FloridaShine.org](http://www.FloridaShine.org)

Medicare: 1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048 or [www.medicare.gov](http://www.medicare.gov)

If, after evaluating all of your options under the Medicare prescription drug program, you determine that you will not enroll in a Part D drug plan, the Florida Discount Drug Card provides an alternative way to save money on your prescription medications.

For more information about Medicare, call 1-800-MEDICARE or visit [www.medicare.gov](http://www.medicare.gov).

### **Do any drug companies offer discount cards?**

The following is additional information about companies that provide drug discount cards:

#### **Together RxAccess**

The Together Rx Access<sup>®</sup> Program <http://togetherrxaccess.com/> was created by many of the nation's leading pharmaceutical companies to help hardworking Americans and their families gain access to immediate and meaningful savings on prescription products right at their neighborhood pharmacies.

The card is free and offers a 25%-40%\* discount on over 300 brand-name and generic prescription drugs as well as other prescription products, such as glucose test strips.

To be eligible you:

Cannot be eligible for Medicare

Cannot have prescription drug coverage (public or private)

Must have a household income equal to or less than

\$45,000 for a single person

\$90,000 for a family of four

Must be a legal US resident

### **Merck's Prescription Discount Program**

This drug discount card helps those without prescription insurance save 15% to 20% on selected Merck medicines. Enrolling in the program is free. You must be a legal U.S. resident to be eligible.

A partial list of medications covered:

COSOPT®

JANUVIA™

MAXALT®

MAXALT-MLT®

SINGULAIR®

TRUSOPT®

To apply, visit [www.merckhelps.com/uninsured](http://www.merckhelps.com/uninsured)

### **Pfizer's "Pfizer Pfriends"**

Pfizer Pfriends is a program that helps eligible patients without prescription coverage get savings on Pfizer medicines, regardless of their age or income, through participating pharmacies. Enrolling in the program is free. You may be eligible if you have no prescription coverage, and reside in the US, Puerto Rico or the US Virgin Islands.

To apply call 1-866-706-2400.

*The Florida AIDS Drug Assistance Program (ADAP) provides life-saving medications under the Ryan White CARE Act to people living with HIV/AIDS who are uninsured or under-insured. For more information visit the ADAP website at [www.floridaADAP.org](http://www.floridaADAP.org).*

Rev 8/11



## fact sheet

# COBRA

### **What is COBRA continuation health coverage?**

Congress passed the landmark Consolidated Omnibus Budget Reconciliation Act health benefit provisions in 1986. The law amends the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Service Act to provide continuation of group health coverage that otherwise might be terminated.

### **What does COBRA do?**

COBRA contains provisions giving certain former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates. This coverage, however, is only available when coverage is lost due to certain specific events. Group health coverage for COBRA participants is usually more expensive than health coverage for active employees, since usually the employer pays a part of the premium for active employees while COBRA participants generally pay the entire premium themselves. It is ordinarily less expensive, though, than individual health coverage.

### **Which employers are required to offer COBRA coverage?**

Employers with 20 or more employees are usually required to offer COBRA coverage and to notify their employees of the availability of such coverage. COBRA applies to plans maintained by private-sector employers and sponsored by most state and local governments.

### **Who is entitled to benefits under COBRA?**

There are 3 elements to qualifying for COBRA benefits. COBRA establishes specific criteria for plans, qualified beneficiaries, and qualifying events:

**Plan Coverage** - Group health plans for employers with 20 or more employees on more than 50 percent of its typical business days in the previous calendar year are subject to COBRA. Both full and part-time employees are counted to determine whether a plan is subject to COBRA. Each part-time employee counts as a fraction of an employee, with the fraction equal to the number of hours that the part-time employee worked divided by the hours an employee must work to be considered full-time.

**Qualified Beneficiaries** - A qualified beneficiary generally is an individual covered by a group health plan on the day before a qualifying event who is either an employee, the employee's spouse, or an employee's dependent child. In certain cases, a retired employee, the retired employee's spouse, and the retired employee's dependent children may be qualified beneficiaries. In addition, any child born to or placed for adoption with a covered employee during the period of COBRA coverage is considered a qualified beneficiary. Agents, independent contractors, and directors who participate in the group health plan may also be qualified beneficiaries.

**Qualifying Events** - Qualifying events are certain events that would cause an individual to lose health coverage. The type of qualifying event will determine who the qualified beneficiaries are and the amount of time that a plan must offer the health coverage to them under COBRA. A plan, at its discretion, may provide longer periods of continuation coverage.

The qualifying events for employees are:

- Voluntary or involuntary termination of employment for reasons other than gross misconduct
- Reduction in the number of hours of employment

The qualifying events for spouses are:

- Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct
- Reduction in the hours worked by the covered employee
- Covered employee's becoming entitled to Medicare
- Divorce or legal separation of the covered employee
- Death of the covered employee
- The qualifying events for dependent children are the same as for the spouse with one addition:
- Loss of dependent child status under the plan rules

### **Under COBRA, what benefits must be covered?**

Qualified beneficiaries must be offered coverage identical to that available to similarly situated beneficiaries who are not receiving COBRA coverage under the plan (generally, the same coverage that the qualified beneficiary had immediately before qualifying for continuation coverage). A change in the benefits under the plan for the active employees will also apply to qualified beneficiaries. Qualified beneficiaries must be allowed to make the same choices given to non-COBRA beneficiaries under the plan, such as during periods of open enrollment by the plan.

### **Who pays for COBRA coverage?**

Beneficiaries may be required to pay for COBRA coverage. The premium cannot exceed 102 percent of the cost to the plan for similarly situated individuals who have not incurred a qualifying event, including both the portion paid by employees and any portion paid by the employer before the qualifying event, plus 2 percent for administrative costs.

For qualified beneficiaries receiving the 11 month disability extension of coverage, the premium for those additional months may be increased to 150 percent of the plan's total cost of coverage.

COBRA premiums may be increased if the costs to the plan increase but generally must be fixed in advance of each 12-month premium cycle. The plan must allow qualified beneficiaries to pay premiums on a monthly basis if they ask to do so, and the plan may allow them to make payments at other intervals (weekly or quarterly).

The initial premium payment must be made within 45 days after the date of the COBRA election by the qualified beneficiary. Payment generally must cover the period of coverage from the date of COBRA election retroactive to the date of the loss of coverage due to the qualifying event.

Premiums for successive periods of coverage are due on the date stated in the plan with a minimum 30-day grace period for payments. Payment is considered to be made on the date it is sent to the plan.

If premiums are not paid by the first day of the period of coverage, the plan has the option to cancel coverage until payment is received and then reinstate coverage retroactively to the beginning of the period of coverage.

If the amount of the payment made to the plan is made in error but is not significantly less than the amount due, the plan is required to notify the qualified beneficiary of the deficiency and

grant a reasonable period (for this purpose, 30 days is considered reasonable) to pay the difference. The plan is not obligated to send monthly premium notices.

COBRA beneficiaries remain subject to the rules of the plan and therefore must satisfy all costs related to co-payments and deductibles, and are subject to catastrophic and other benefit limits.

### **What is the Federal Government's role in COBRA?**

COBRA continuation coverage laws are administered by several agencies. The Departments of Labor and Treasury have jurisdiction over private-sector health group health plans. The Department of Health and Human Services administers the continuation coverage law as it affects public-sector health plans.

The Labor Department's interpretive and regulatory responsibility is limited to the disclosure and notification requirements of COBRA. If you need further information about the Employee Retirement Income Security Act (ERISA), write to the Employee Benefits Security Administration (EBSA) office nearest where you live.

Consult the U.S. Government, U.S. Department of Labor listing in your telephone directory for the office nearest you or call EBSA's Toll-Free Employee & Employer Hotline number at: 1.866.444.EBSA (3272) and request a list of EBSA offices, or write to:

U.S. Department of Labor  
Employee Benefits Security Administration  
Division of Technical Assistance and Inquiries  
200 Constitution Avenue NW, Suite N-5619  
Washington, DC 20210

The Internal Revenue Service, Department of the Treasury, has issued regulations on COBRA provisions relating to eligibility, coverage and premiums in 26 CFR Part 54, Continuation Coverage Requirements Applicable to Group Health Plans. Both the Departments of Labor and Treasury share jurisdiction for enforcement of these provisions.

If the group health plan provided by a spouse's employer is a self-funded, private sector (not a state or local government) plan, contact the Employee Benefits Security Administration, Department of Labor at 1-866-444-3272 (toll free).

For information about public sector COBRA continuation of coverage You may contact the CMS-sponsored premium assistance continuation coverage help desk via e-mail at [continuationcoverage@maximus.com](mailto:continuationcoverage@maximus.com) or call toll-free at 1-866-400-6689.

### **Who can answer other COBRA questions?**

COBRA administration is shared by three federal agencies. The U.S. Department of Labor handles questions about notification rights under COBRA for private-sector employees. The Department of Health and Human Services handles questions relating to state and local government workers. The Internal Revenue Service, Department of the Treasury, has other COBRA jurisdiction.

More details about COBRA coverage are included in the booklet An Employer's Guide to Group Health Continuation Coverage Under COBRA - The Consolidated Omnibus Budget Reconciliation Act of 1986. To request a copy, call EBSA toll-free: 1.866.444.EBSA (3272).

Note: For information on the COBRA provisions in the American Recovery and Reinvestment Act of 2009, see [www.dol.gov/COBRA](http://www.dol.gov/COBRA).

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## **AIDS Drug Assistance Program**



*Improving Health... Promoting Wellness*